

Minding the Iraqi refugee: Psychological challenges of Iraqi war refugees and the effectiveness
of existing support services in Saskatoon

A Thesis submitted to the College of
Graduate Studies and Research
in partial fulfillment of the requirements
for the Degree of Doctor of Philosophy
in the Department of Psychology
University of Saskatchewan
Saskatoon, SK, Canada

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ABSTRACT

This thesis explores the psychological challenges experienced by Iraqi war refugees living in Saskatoon, the effect of war trauma and forced displacement on their mental health, and examines the adequacy of existing mental health services in meeting their needs. Qualitative data collected from refugees, settlement workers, and mental health professionals in Saskatoon were used to provide an in-depth, person-centered understanding of the refugees' experiences and the way existing services succeed or fail to correspond to their experiences. Convenience and snowball sampling were used to recruit participants. Life history and semi-structured interviews were conducted with 10 Iraqi refugees; semi-structured interviews were also conducted with 10 settlement workers and four mental health care providers. Additionally, one focus group interview was conducted with the settlement workers. The study was designed from a phenomenological point of view, and thematic analysis was used to analyze the data. The findings revealed that Iraqi refugees face many difficulties during different migration stages, which can include: traumatic experiences, loss and grief, and religious intolerance in Iraq; continuous fear for safety, separation from family members, uncertainty about the future in the transition country; and unmet expectations, racism and discrimination, difficulties entering the workforce, family conflicts, and loneliness in Canada. The data further identifies many gaps in the current mental health services provided to refugees in Saskatoon, such as difficulties of navigating the system, a lack of connection between different settlement agencies and the health region, and a lack of specialized training for service providers. Additionally, the interviews highlighted an underutilization of mental health services, which can be explained by stigmas around mental health, having other priorities, cultural differences in understanding mental illness, and a lack of culturally competent services. It is concluded that current mental health services in Saskatoon do not correspond to the mental health needs of Iraqi war refugees. Based on these findings, recommendations are provided for improvement of mental health services in Saskatoon, with primary focus in three areas: raising awareness, professional training, and developing culturally competent mental health services. A deeper understanding of the difficulties that Iraqi refugees have experienced, their psychological needs, and currently available mental health services is a prerequisite for improving the existing services and the refugees' experience as Canada continues to open its doors to war refugees from the Middle East.

ACKNOWLEDGEMENTS

This dissertation is the accumulation of six years of hard work. Without the help and support of the people around me, this work would not have been possible. First, I would like to thank my supervisor, Dr. Sadeq Rahimi, for providing me with his knowledge, expertise, thoughtful advices, and patience. It was an honor and a pleasure to work together. Every time we met I learned something new from you. Working with you taught me how to think and see from different perspectives, how to always see the cup half full, and how to believe in and appreciate my own skills and abilities. Your continuous encouragement and constructive feedback helped me survive the most difficult moments of this journey.

Thank you to my committee members—Dr. Brian Chartier, Dr. Jorden Cummings, Dr. Ulrich Teucher, and Dr. Judy White—for sticking with me during this long journey, for taking the time from your hectic schedules to help make this work more successful, for your guidance, valuable discussions, and for all of the support and inspiration you have provided along the way. Thanks for making this experience so positive and rewarding. Thank you to Dr. Mary Hampton for agreeing to be my external reviewer for this dissertation and for your valuable input. I thank Dr. Louise Alexitch for giving me some of her precious time and agreeing to chair this dissertation. I am specially grateful to Dr. Ulrich Teucher; I learned many things from you, not only as a professor, but also as a person. You taught me how to be more sensitive with others, how to care for others, and how to be open to other people's ideas and thoughts. The generous support and help I gained from you during this long journey was beyond my expectations and exceeded what a student might expect from a committee member.

Exceptional thank you to my wonderful friend, Elise for being always there to help and for being willing to listen and be with me during the difficult times. I wish to offer appreciation to the friends and neighbors in my community for all the great moments and memories we had together. Thanks to my editor, Joleen Kraft, who began working with me on my first assignment in 2010 and who has been working with me ever since; your help with this work has made it more meaningful. Finally, many thanks to everyone both in Canada and back home in Jordan who have directly or indirectly contributed to my success.

DEDICATION

For all of the refugee participants who opened their hearts, trusted me, and shared their life stories with me. Without their generosity, this work would not be possible.

For my parents, who surrounded me with their prayers during the whole journey and who trusted in my ability to reach the end.

For Waleed, my husband, who stands beside me and supports me at every step.

For Asma, my sister, who is always there for me in times of happiness and despair.

And finally, for Rashed, Hashem, Maryam, and Zaina, my beautiful children, who light my life with their laughter and fights.

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CHAPTER 1

Introduction

Minding the Iraqi refugee: Psychological challenges of Iraqi war refugees and the effectiveness of existing support services in Saskatoon

Political conflicts, war, and famine have caused an increase of forced migrations worldwide in the last few decades (Pumariiega, Rothe, & Pumariiega, 2005), and as a result the number of refugees and displaced persons throughout the world has increased drastically (Berman, Girón, & Marroquín, 2009). In the late 1990s, approximately 23 million people left their home countries seeking refuge in more tolerant countries (United Nations High Commissioner for Refugees [UNHCR], 2000), and this number has increased to approximately 65.3 million people in 2015 as a result of extreme violence, political conflict, persecution, and human rights violations (UNHCR, 2016). In 2015, the total number of people forced to leave their homes was 12.4 million; 1.8 of these sought refuge in another country and the rest were internally displaced. The United Nations Refugee Agency alerted that, due to the extremely high numbers of new refugees and internally displaced people, 2016 was on track to show some of the highest levels of compulsory displacement ever seen by the agency (UNHCR, 2016).

Iraq has had a long history of wars that have produced a high number of refugee and internally displaced people. By the end of the Ba'athist regime in 2003, war had become the norm rather than the exception (Khoury, 2013). An estimated 2.7 million Iraqis are internally displaced within their own country, while 2.4 million Iraqis have fled the country as refugees (Otterman, Hil & Wilson, 2010). In 2008, Iraqis created the largest single group of relocated people worldwide (Canadian Council for Refugees [CCR], 2008a).

Canada opens its doors to refugees from around the world who have left their countries of origin because of persecution and then are pursuing protection elsewhere (Fantino & Colak, 2001). Canada offers local integration and resettlement to refugees who arrive as claimants (CCR, 2008b). Every year, Canada grants asylum to more than 11,000 persecuted people and receives another 13,000 refugees from overseas (Citizenship and Immigration Canada [CIC],

2016). Therefore, Canada is accepting, sponsored both privately and by the government, an average of one out of 10 refugees of overall refugees worldwide (CIC, 2016).

There are significant numbers of Iraqi refugees of diverse religious and ethnic backgrounds who choose Canada as their final destination (CCR, 2008a). Since 2009, the Government of Canada has resettled more than 23,000 Iraqi refugees (CIC, 2015). In 2012, Iraq was the first largest source country for the federal refugee class in Saskatchewan, and represented 24% of the total number of refugees in the province; in 2014, Iraq became the second largest source country after Eritrea, and represented 13% of the total number of refugees in the province (Government of Saskatchewan, 2012-2014).

People who are forced to flee their country usually bring with them much stress resulting from their migration (Ehnholt & Yule, 2006). Their journeys from home to final destination may include multiple border crossings, difficult land journeys, and lengthy stays in formal or informal camps (Grove & Zwi, 2006). Refugees are typically marked by ongoing fear of violence and persecution (Grove & Zwi, 2006). Suffering has been an indivisible element of their experiences (Brough, Schweitzer, Shakespeare-Finch, Vromans, & King, 2013). Refugees who seek asylum from experiences of war or political persecution often experience a high number of life-threatening stressors themselves and through their families (Prendes-Lintel, 2001).

The physiological and psychological consequences of forced displacement and war trauma are well reported in the literature (Momartin, Silove, Manicavasagar, & Steel, 2003; Porter & Haslam, 2001, 2005; Mels, Derluyn, Broekaert, & Rosseel, 2010; Fazel, Wheeler, & Danesh, 2005). International organizations estimate that at least 25% of war-affected populations are suffering from mental disorders (Pupavac, 2004). These problems are of concern as they may interfere with refugee adjustment years after immigration (Segal & Mayadas, 2005; Jaranson & Popkin, 1998).

Even though the mental health needs of refugees have been a strong theme in the academic literature, research has not adequately discussed the appropriateness of the mental health services provided by settlement agencies (Ryan, Dooley, & Benson, 2008; Vasilevska & Simich, 2010; Chen, 2010). The importance of mental health interventions in addressing refugee suffering begs the question whether mental health services are adequately designed to serve ethnically, culturally, and religiously heterogeneous populations (Vasilevska & Simich, 2010), especially since many refugees have different settlement needs arising from years of trauma or

torture followed by years in camps (Pressé & Thomson, 2008).

Refugees from certain cultural backgrounds tend to express their psychological distress as somatic symptoms. They may resist psychologist- or psychiatrist-provided treatment due to the stigma of admitting one has a psychiatric disorder. In this situation, making the right diagnosis and providing the right intervention may require multidimensional efforts. Existing mental health services, which are developed around the medical model, are often not appropriate or acceptable (Chen, 2010).

Another important issue regarding refugee mental health services is the underutilization of the services by refugees. Research has found that cultural restrictions regarding the use of mental health services, the lack of knowledge about common mental health illness and symptoms, along with language barriers, fear of deportation, and fear of losing a job prevents many refugees from getting necessary mental health services and often contributes to an increased risk of anger, depression, and domestic violence (Ahmed & Reddy, 2007).

Another avenue of investigation alerts us that there is an agreement in the mental health literature that professional work with refugees requires special skills and specialized training for service providers in order to deliver effective services (Nash & Trlin, 2004; Rahimi, 2013). Each subgroup of the refugee population brings its own unique social, cultural, medical, and mental health needs that challenge the assessment and treatment process, but the question is to what degree is such training available, and, if it is available, to what degree it is appropriate (Gozdziak, 2004)? Many health practitioners in Canada that care for refugees are not trained to deliver specialized services and are not experts in areas related to this group (Chen, 2010; Rahimi, 2013). As a result, care provided may not be competent or safe. Taking into account these difficulties to access, we can conclude that access to the correct and the appropriate mental health services for refugees is limited (Chen, 2010; Omorodion & White, 2003; White, 2007, 2009).

Research Questions

Building on the existing literature, this dissertation will explore the challenges that Iraqi refugees faced or are still facing in Saskatoon, taking into account the effect of war and forced displacement in the emergence of these challenges. Additionally, this dissertation will focus on the existing services that are provided to Iraqi refugees in Saskatoon, to what extent these services are adequately and appropriately designed to meet the challenges Iraqi refugees have,

and to what degree these services correspond to these challenges. As well, this research aims to explore to what degree the service providers are aware of refugee challenges and needs, how they evaluate the effectiveness of the existing services, and what might be done to develop these services so that they serve refugees better. The main questions are: What are the challenges faced by war Iraqi refugees in different migration stages? What is the effect of war trauma and forced displacement on their mental health? And to what degree do the existing services correspond to those challenges?

In order to answer these questions, this research will focus on two groups: the clients and the service providers. The clients will be Iraqi refugees (men and women) who are living in Saskatoon. I will investigate their narratives utilizing a qualitative methodology in order to identify significant aspects of their experiences, the challenges they experienced in the past or are still experiencing, to what degree refugees are aware of these challenges, where they seek help to face these challenges, and what role does the experience of war trauma and forced displacement play in those challenges. The second group will include settlement workers and mental health care providers who are working in Saskatoon. This project will investigate how they perceive the effectiveness of the current services provided to refugees and how these services could be redesigned and reorganized to better meet refugee mental health needs. By exploring these different aspects, my research responds to some of the limitations and gaps in the literature by addressing the challenges that Iraqi refugees who live in Saskatoon face/d and the appropriateness of the mental health services provided to them.

Personal Perspective

In positioning myself within this research context, a number of personal characteristics seem relevant: I am a woman; I was born, raised, and educated in Jordan, which has been surrounded by many wars and conflicts such as the Israeli-Palestinian conflict (1948 - present), the Iraqi-Iranian conflict (1979 - 1988), the Iraqi invasion in Kuwait (1993), the American invasion in Iraq (2003), the sectarian conflict in Iraq (2003 - to present), and recently the Libyan, Egyptian, and Syrian revolutions (Arab Spring revolutions, 2011-present).

My own experience in dealing with refugee families in Jordan piqued my interest in researching this group; in addition to the difficult living conditions that they have had to endure, they have also had to deal with poor settlement services. The government provides basic needs such as food, clothing, and housing, but ignores other psychological and social needs.

Additionally, I have had my own experience as an immigrant and have faced challenges in relocating in a new country.

Two specific incidents alerted me to the type and quality of services provided by settlement agencies and the health region in Saskatoon. The incidents illustrate to what degree the services are meeting the needs of people who have been exposed to war trauma and forced to leave their home countries. The incidents also illustrate to what level refugees themselves might be (un)aware of the psychological challenges they face. Both incidents occurred in Saskatoon and are related from the perspective of being a volunteer interpreter between Iraqi refugees and a local settlement agency.

In the first incident, an Iraqi man in his fifties had been in a car accident and the insurance company had sent him to a rehabilitation center. He was assigned a psychologist to assess whether the accident had affected him psychologically. This man had served in the Iraqi army in the war between Iraq and Iran. He fled Iraq one month before the collapse of Hussein's regime in 2003 and lived in Turkey for a while, after which he sought refuge in Canada. He arrived in Saskatoon eight years ago. His parents and some of his brothers fled to Australia, while the rest of his family fled to Sweden. During one of the interpretation sessions he started to describe the content of his daily dreams that reflect flashbacks and scenes from the war, the memories of the death of his friends during the war, the dead bodies, and the memories of the torture that he experienced before fleeing the Iranian prison. These memories had become an important part of his dreams that, most of the time, affect the rest of his day.

It was evident from listening to this man recount his experience that he did not have any idea that he could seek help to get rid of these bad dreams. From his storytelling, he reported that he did not receive any help from the settlement agencies regarding his dreams. Also, when attending the psychotherapy sessions, the psychologist was only concerned about the symptoms that came up as a result of his injury from the accident and did not pay any attention to his complaints regarding the content of his dreams.

In the second incident, an Iraqi woman was seeking help for her four-year-old son who had been exposed to different types of trauma such as witnessing the death of a family member and shelling. She was complaining that she caught her son many times trying to hurt himself, one time putting his finger in an electric plug and the other time by trying to throw himself from a window. She also related that her son was having bad dreams almost every night and woke up

most of the time screaming and crying. She was very terrified that one time it might be too late to help him or protect him. After the message about the son's difficulties was communicated to the settlement agency, the agency was slow to react. Even though they eventually set up an appointment for the son with a psychologist, the appointment was quite far into the future, when the danger seemed to require more immediate attention.

These two incidents illustrate a small part of what refugees face when relocating and how they sometimes are not even aware of what psychological damage they are experiencing. Though the settlement agencies focus on important basic needs such as housing, employment, and food, they also need to be addressing the far-reaching harms of mental health distress that many refugees experience.

My previous experience in dealing with refugees (including these two incidents) and my personal experience as an immigrant have motivated me to become curious and interested in refugee issues, and have also made me more interested in investigating and exploring different issues related to refugees who have been exposed to war trauma, such as the psychological challenges that they might suffer as a result of being exposed to war and forced displacement. Thus, I bring my own assumptions and ideas in regards to the refugee experiences that might be variously challenged or shared by the participants of this study.

Organization of the Dissertation

In the second chapter, I explore different areas in the literature related to trauma in general, and war trauma in particular, and the effect of war trauma and forced displacement on refugee mental health. I also introduce a brief history of war in Iraq and the current services provided to refugees in Canada. The third chapter reviews the theoretical framework and the methodology that I use to collect the data. Refugee life stories are introduced in the fourth chapter. In the fifth chapter, I analyze the themes that emerge in regard to the difficulties that refugees face during their migration journey and how these difficulties affect their mental health and well-being. The sixth chapter introduces what the interviews reveal regarding the effectiveness of the current mental health services provided to refugees in Saskatoon and the barriers that prevent refugees from seeking mental health help. Analysis and discussion of the themes in light of the previous literature is the goal in chapter seven. Finally, the last chapter includes a conclusion, proposed recommendations, and future directions.

CHAPTER 2

Literature Review

Trauma and War Trauma

The following review of the literature will investigate different areas related to trauma in general, and to war trauma in particular, and investigate how culture shapes our understanding of trauma. I will then examine the effect of war trauma and forced displacement on refugee physical and mental health. The history of wars in Iraq and the refugee situation in Canada will be discussed, and finally, the current literature available on existing mental health services provided to refugees in Canada in general, and in Saskatchewan in particular, will be reviewed.

About Trauma

Within the past century, the social sciences have begun to examine the impact of extremely stressful or traumatic events on the individual and society. Attention has been focused on different types of trauma, trauma as a single event or as a series of repeated events, and whether at the individual level or group level (Carll, 2007).

The origin of the word trauma goes back to the Greek word wound. It appears in the medical context to refer to bodily wounds (Kirmayer, Lemelson & Barad, 2007). The word trauma draws attention to the way that severe violence breaks bodies and minds and leaves permanent consequences even after healing and recovery (Kirmayer et al., 2007). It is “the effects of external events impinging on the individual—events that are beyond the usual expectation of what life should be” (Apfel & Simon, 1996, p. 6).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013) defines trauma as direct or indirect exposure to “actual or threatened death, serious injury, or sexual violation” (p. 271). Direct exposure means the person has experienced the traumatic event firsthand, and indirect exposure means witnessing a traumatic event happen to other people, learning that a traumatic event occurred to a close family member or friend, or repeatedly being exposed to the details of the traumatic event (APA, 2013).

Clinicians and scholars from many disciplines have started to use trauma as a keyword to approach the experience of violence and its consequences (Kirmayer et al., 2007). The term trauma is used to refer both to negative events that produce distress and to the distress itself

(Briere, 2006). Silove (1999) argues that trauma disrupts five broad systems: existential meaning, identity or role, personal safety, interpersonal attachments, and the sense of justice. He argues that trauma can manifest in various psychosocial responses within these domains. Responses after trauma include significant distress or impaired functioning, often involving intrusive thoughts and emotions about the traumatic events, avoidance, and emotional numbing and/or hyper-arousal (Murray, Davidson, & Schweitzer, 2008).

Many studies have found that exposure to trauma may not always be sufficient to explain the development of psychological disorders, and that individual risk factors have a role to play in understanding this condition (Yehuda, 1999; Brewin, Andrews, & Valentine, 2000). A variety of factors could influence an individual's response to trauma and affect his/her recovery. The intensity of a person's reaction to any traumatic event depends on the interaction between different factors such as: the circumstances related to the event, the nature of the trauma, its severity, and its duration (Greenwald, 2005); the intrinsic vulnerability of the individual and poor resiliency due to factors such as psychiatric history and the existence of prior traumatic experiences (Carll, 2007); and the social and family environment (Yehuda & Flory, 2007; Agaibi & Wilson, 2005; Pine & Cohen, 2002) including the resources and support available for dealing with the traumatic experience (Carll, 2007; Brewin et al., 2000). The chance of negative consequences increases dramatically when risk factors accumulate. Exposure to traumatic events compounded by other risk factors increases the possibility that an individual will develop different psychological problems (Brewin et al., 2000).

Traumatic Experiences in the Context of Culture

Dealing with traumatic experiences involves making sense of those experiences, assimilating and processing fear, grief, or anger, and finding ways of adjusting to or overcoming difficulties. Although these may be intensely personal processes, individuals engage with adversity not as isolated individuals, but in socially mediated ways that are shared (Kleinman & Kleinman, 1991). The degree to which a stressful situation can be defined as traumatic depends on the meaning assigned to it and how people living in a specific context interpret and understand this event. Meanings assigned to different events form an individual's understanding and interpretation of events as traumatic or not. Perceiving traumatic experiences from this perspective leads to the expectation that the meaning ascribed to the experience of psychological trauma can have differential effects on personality, self, and developmental courses within

culturally shaped parameters (Wilson & Tang, 2007).

As Kleinman (1987) noted, even if the same symptoms of an illness are present in one culture, that does not mean that the symptoms have the same meaning and significance in other cultures. People react to extreme stress according to what it means to them. Generating these meanings is an activity that is socially, culturally, and sometimes politically framed. Thus, meaning is a deeply important factor that mediates an individual's experience of traumatic events (Summerfield, 1995). For example, in some cultures, psychological distress symptoms are linked with supernatural causes such as the evil eye or magic. Individuals in these cultures are more likely to seek help from a medicine man than a mental health professional (Eshun & Gurung, 2009). A study by Shrestha and his colleagues (1998) investigates the impact of torture on Bhutanese refugees in Nepal. Results show that people in South Asian cultures typically do not see a relationship between trauma and psychological problems. Rather, a patient's explanatory models for distress usually involve supernatural processes. According to them, psychiatric problems result from spirits, bad fortune, witchcraft, or an offended God.

While some societies think of adversity as a matter of chance or fate and passively accept events, other societies try to train individuals to become more resilient and to cope with unpredictable and painful situations. Individuals may be encouraged to engage in activities that pose at least moderate risk to health and safety with the aim of developing physical strength, confidence, and self-discipline. The degree of flexibility individuals have in adjusting to difficult situations reflects the degree to which culture encourages individuals to develop skills in communication, problem solving, and self-management of behaviour within their cultures (Phinney, 1996). An example can be found in a study conducted by Rousseau, Said, Gagné, and Bibeau (1998) of unaccompanied Somali children in exile in Canada. These children were found to be more resilient than expected. Researchers attribute the children's resilience to the fact that they had already become familiar with long periods of separation from their families prior to exile due to a traditional practice of sending young children away to attend to herds so that the children learn self-sufficiency and autonomy. Hence, in the context of war, exile and separation from family might be viewed as having certain positive attributes instead of being considered forms of deprivation or loss (Rousseau et al., 1998).

Culture can offer a protective factor in coping with trauma. Individuals exposed to trauma can adopt the belief that they have been targeted because of their loyalty to their particular

cultural group rather than because of something personal. Also, living in a context where trauma is a common occurrence means that it is often referred to as a shared experience. This appears to facilitate a process of normalization for participants, helping them to accept trauma and its consequences as a part of their lives, and at the same time to actually enhance their sense of group membership (Johnson, Thompson & Downs, 2009). Johnson and Thompson (2008) conclude that, while such experiences obviously place people under overwhelming stress, in general, the rates of PTSD are lower than expected and there is some evidence that cultural factors such as religious belief, social support, attribution style, and the normalization of the experience may play a protective role.

Culture also influences where people seek help. While some cultures prefer the emotional distance of Western-style counselling, people in other cultures may prefer to go first to the family members, elders, religious healers, or community leaders (Arthur & Merali, 2005). Many cultures do not accept directly disclosing trauma, but follow customs regarding the use of indirect speaking. Conversely, North American counselling methods encourage complete disclosure typically conducted with a neutral and emotionally unattached professional (Watters, 2010).

In other words, the degree to which stressful situations can be defined as traumatic depends on the cultural context within which they happen (Brown, 2008). Individuals observe, interpret, and react to traumatic events in a way that is shaped by the values and norms of their cultures (Stamm & Friedman, 2000; Kleber, Figley & Gersons, 1995). Culture forms individual understanding and interpretation of events as traumatic or not, which in turn can play a large role in protecting people from developing trauma-related disorders. An individual's response to adversity cannot be understood without reference to the social and cultural context. These contexts can deepen a wound, extend suffering, or allow even the worst of psychic wounds to heal quickly (Brown, 2008).

The Effect of War Trauma and Forced Displacement on Refugee Mental Health

The DSM-5 (2013) provides a list of potentially traumatic events that may be faced by individuals and their families. Some of these traumatic events include: being directly exposed to physical attack, robbery, mugging, or terrorist attack; witnessing threatened or serious injury of another person; physical or sexual abuse of another person due to violent assault, domestic violence, accident, war or disaster; or learning about a violent or accidental event affecting close

relatives or friends (e.g., suicide, serious accident, and serious injury). For the purpose of this research, the main focus will be on war trauma and its effect on refugees in general and Iraqi refugees in particular.

War encompasses a very broad range of violent and traumatic experiences, as recognized by the DSM-5 (2013), and which can include direct threat of death, physical harm, witnessing or participating in murder (for both soldiers and civilians), experiencing rape and extreme physical deprivation, being kidnapped, being taken hostage, or torture. Loss of home and possessions, separation from loved ones, and the death of family members are communal experiences for individuals living under war conditions (Allwood, Bell-Dolan, & Husain, 2002).

These traumas, in turn, can produce a variety of symptoms and disorders (Barenbaum, Ruchkin, & Schwab-Stone, 2004). The psychological consequences of war have been studied since the Second World War. For example, many studies have been conducted on the effect of war on Holocaust survivors (Schiff, Noy & Cohler, 2001), the situation in Palestine and Lebanon (Thabet, Tischler & Vostanis, 2004), the Iraqi occupation of Kuwait (Hadi & Llabre, 1998), and currently the conflict in the Middle East in general and in Syria and Iraq in particular (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo & Kirmayer, 2016; Cartwright, El-Khani, Subryan & Calam, 2015; Pfortmueller, Schwetlick, Mueller, Lehmann & Exadaktylos, 2016).

The influence of war on an individual's mental health is well documented. Numerous studies have demonstrated correlations between various traumatic experiences and subsequent negative psychological outcomes (Allwood et al., 2002; Momartin, Silove, Manicavasagar, & Steel, 2004; Silove, 2001). PTSD is one of many disorders that individuals might suffer after exposure to extreme stress. Many studies of trauma have found that a high percentage of individuals show at least some sign of PTSD when they directly experience intense threats or direct injury to self or others close to them (Steel et al., 2009; Pine & Cohen, 2002).

In addition to the prevalence of PTSD, research indicates that exposure to violent and nonviolent traumatic events is related to increased psychological, social, and behavioural problems (Allwood et al., 2002; Thabet, Tawahina, El Sarraj & Vostanis, 2008; Montgomery, 2011; Dimitry, 2012; Espié et al., 2009) such as phobias, depression, panic disorders, alcohol abuse, anxiety, withdrawal behaviour (Thabet et al., 2008; Priebe et al., 2010; Shipherd, Stafford, & Tanner, 2005; Barnes, 2001), attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, conduct disorder, (Szymanski, Sapanski, & Conway, 2011), high levels of

neuroticism, impairment of concentration and memory, and isolation (Lieberman & Horn, 2004). Others found changes in self-perception and in the interpretation of the social context, fear of being left alone, changes in eating and sleeping habits, increase of aggressive behaviour (Wiese & Burhorst, 2007; Orth & Wieland, 2006; Lavie, 2001), and significant prevalence of somatizing symptoms such as headaches, enuresis, and other pains (Schweitzer, Brough, Vromans & Asic-Kobe, 2011). Problems with intrusive memories, restlessness, loss of interest, and weak concentration can occur (Hackmann, Ehlers, Speckens & Clark, 2004). Adding to that, there have been studies that have highlighted considerable physical health problems such as anemia, parasitic infection, and dental cavities as the most frequently presenting problems; in addition, individuals who are exposed to war trauma are often found with the hepatitis B surface antigen and iron deficiency anemia (Lifson, Thai, O'Fallon, Mills & Hang, 2002; Gibney et al., 2009).

Refugee Difficulties Through Different Migration Stages

Different from survivors of most separate traumatic events, refugees experience various difficulties that accumulate over different migration stages (Pumariega et al., 2005; Kirmayer et al., 2011). Refugee experiences commonly involve multiple traumatic events. Trauma often continues during and after displacement (Ehnholt & Yule, 2006). Difficulties that refugees may encounter during their migration journey fall into three stages: the pre-migration stage, the transition stage, and the post-migration stage (Kirmayer et al., 2011). Below I will review in brief the difficulties that refugees might experience in each stage.

During the pre-migration phase, refugees might experience war trauma such as immediate threat of death, torture and systematic violence, fear for personal safety, witnessing the injury or death of other people, loss of family members because of displacement or death, and involvement in injuring or killing others (Schweitzer et al., 2011; Lindencrona, Ekblad, & Hauff, 2008; Prendes-Lintel, 2001). A relationship has been established between exposure to trauma and the degree of psychological stress among refugees (Schweitzer et al., 2011). Studies have found that accumulative exposure to trauma is connected with increasingly larger psychological distress (Williams et al., 2007).

The second stage is the transition period that occurs during the journey to a country of refuge, which can take many months and sometimes years. As a result of war, refugees are forced to leave their homes, and, therefore, flee to any neighbouring country, which serves as the first country of asylum (Segal & Mayadas, 2005). This journey could cause additional stress and

exposes refugees to more life-threatening risks (Ayott & Williamson, 2001). While refugees in these camps are safe from violence and bombing, they often experience other stressors such as shortage of food, isolation, sexual or physical abuse, poor healthcare, and severe emotional distress (Cardozo, Talley, & Crawford, 2004).

Difficult refugee camp conditions have been found to be associated with depression, especially in the early years after refugee resettlement (Barnes, 2001; Miller & Rasmussen, 2010). Exposure to psychological stressors later on can often reactivate the memories and emotions related to previous experiences, especially for young children (Pumariiega et al., 2005). Prolonged stays in refugee camps increase the risk of harassment through exposure to criminal activity and lawlessness (Pumariiega et al., 2005). Refugee children may be separated from their parents, either accidentally or as a strategy to help keep them safe; for instance, sending them with smugglers as a way to ensure their escape, expecting that the child alone would have a better chance of gaining refugee status (Ayott & Williamson, 2001).

These severe conditions are frequently associated with long-lasting emotional distress often marked by a brief period of post-traumatic numbness or sense of relief after having survived terrible experiences (Aroian & Norris, 2003). The nature and degree of traumatic exposure experienced before flight makes refugees more vulnerable to developing mental and physical health problems (Yakushko, Watson, & Thompson, 2008).

Although substantial morbidity is associated with pre-migration experiences, post migration influences have also been found to contribute to posttraumatic stress symptoms (Silove et al., 2006; Steel et al., 2006). During the post-migration stage, the difficulties take a different turn. This period is being increasingly highlighted as a period of secondary trauma (Fazel & Stein, 2002). Upon arriving in the new country, there is no direct threat of danger and the refugee is freed from living in the oppressive environment. However, new difficulties appear such as adaptation to a new culture, language difficulties, problems of unemployment, economic difficulties, poor housing, barriers accessing healthcare facilities, separation from family and friends, absent social network and lack of ethno-cultural community to provide support, as well as differences between expectations of life in exile and actual reality (Simich, Hamilton, & Baya, 2006; Jibeen & Khalid, 2010). High levels of anxiety persist when refugees focus on thinking of family and friends who were left behind, and fear for future protection and safety in their new country (Grove & Zwi, 2006; Nickerson, Bryant, Steel, Silove & Brooks, 2010).

Discrimination, racism, and feeling disadvantaged are other factors that negatively impact refugees' mental health in the post-migration period (Ellis et al., 2010; Porter & Haslam, 2005). Researchers have found that discrimination is connected with a high risk for depression (Noh & Kaspar, 2003). Foreign-trained professionals have difficulty getting their education and skills recognized, which leads to underemployment (Colic-Peisker & Tilbury, 2007). Even when they do find employment, refugees usually earn less than their native-born colleagues who are doing the same job (Ahmed & Reddy, 2007). Studies revealed that about one third of all immigrant and refugee families in Canada live in situations of poverty during the first 10 years of their resettlement experience. Recent tendencies are even more disappointing: recent arrival refugees are at greater risk of living in poverty during their first years of resettlement compared with refugees who came to Canada in the early 1980s (Ahmed & Reddy, 2007).

Another source of stress is that refugee claims can take up to five years to process (CCR, 2008b). Even after protection is granted it might be temporary and consequently associated with continuing uncertainty and the potential of forced return (Grove & Zwi, 2006), which leaves thousands of refugees feeling uncertain about their future and causing long-term mental health concerns for them (CCR, 2008b). Studies have found that having an insecure asylum status was predictive of depression and anxiety in specific, and poor mental health in general (Schweitzer, Greenslade, & Kagee, 2007; Heptinstall, Sethna, & Taylor, 2004; Porter & Haslam, 2005).

In particular, the most vulnerable refugee groups to undergo poor adaptation are those who enter the migration process with a low level of resources such as unaccompanied children, senior individuals, single mothers, and refugees who have experienced severe torture or trauma (Ryan et al., 2008). These groups may have the lowest levels of personal resources in terms of physical and psychological health. As a result, they may experience greater difficulty in accessing new resources and their previous experiences can act as barriers to integrating in the new society (Ward, 2002).

A systematic review by Fazel and colleagues (2005) indicated that refugees resettled in Western countries were about 10 times more likely to develop PTSD than the general population who are the same age. As Simpson (1993) stated:

The challenge is not simply to survive a single tragedy and then repair and heal and resume routine life, but also to adjust to ongoing stress with episodic occurrences of acute threat, while trying to maintain everyday existence. (p. 609)

These stressors that refugees experience in different migration stages change the way they think not only of the past, but also of the present and future. These stressors can challenge the person's sense of agency, identity, and meaning in life (Basoglu & Paker, 1995). The failure to regain this sense of identity and meaning in life can lead to feelings of aimlessness and powerlessness, which in turn can lead to poor social performing with signs of apathy, low energy, social withdrawal, and impairment of daily roles such as parenting (Khawaja, White, Schweitzer & Greenslade, 2008).

In regard to resettled Iraqi refugees specifically, there are numerous studies that have been conducted to investigate the effect of war trauma on their mental and physical health (Gorst-Unsworth & Goldenberg, 1998; Laban, Gernaat, Komproe, Schreuders & De Jong, 2004; Laban, Gernaat, Komproe, Van Der Tweel & De Jong, 2005). For example, a study on Iraqi refugees in Australia found that, for Iraqi refugees who left their families behind, their symptoms of PTSD were greater than those who did not have family in Iraq (Nikerson et al., 2010). Another study found that, when compared to other non-war Arab immigrant patients, Iraqi refugees exhibited more PTSD symptoms and general health problems (Jamil et al., 2002). Other studies examined the effects of the post-migration experience on the health of Iraqi refugees. One study concluded that family conflicts, unemployment, and asylum process stress strongly correlated with the emergence of psychopathology (Laban et al., 2005).

In sum, the majority of refugees have experienced stressful events during the pre-migration period that can range from mild to extreme. As well, other migration periods have damaging effects on refugee mental and physical health. Many refugees imagine that their host community will be a paradise that provides a safe shelter from the stressors of life. Even though post-migration stressors are different, they may still be severe (Yakushko & Chronister, 2005).

A Brief History of Wars in Iraq

Iraq has been in a state of conflict for a long period of time, which has produced a huge number of refugees and internally displaced persons (Hunt, 2005). Iraq's citizens have faced continued suffering and socioeconomic stressors for a long period of time. Since the Iranian-Iraqi War in 1980, the Iraqi people have suffered through the first Gulf War (1990-1991), economic sanctions, the repressive effects of Hussein Ba'athist regime, the United States [US] 2003 invasion, and finally, the current and continuous sectarian conflict between the different religious sects that emerged after the collapse of Hussein's regime (Sassoon, 2008). In this section I will

review the main wars that have occurred in the history of Iraq that have had a big influence on its population and resources.

Iraqi-Iranian War (1980-1988)

Following the takeover by Hussein's regime, Iraqi citizens have faced different types of threats, including harshening of governmental control over its citizens, as well as having their sons conscripted for the eight-year-long Iraqi-Iranian war (Khoury, 2013). September 22, 1980 marked the beginning of an eight-year war with Iran that cost both countries more than a million lives and changed their social and political landscapes. A series of border-town fights ended in the Iranian shelling of the Iraqi border towns, resulting in a number of casualties. This conflict was motivated by ideological factors as much as political factors. The Ba'athist materialistic ideology of revolutionary Arab nationalism had been challenged and threatened by the Islamic revolution in Iran (Tripp, 2007). A ceasefire agreement came into effect after the Iranian government unconditionally accepted the United Nations [UN] resolutions (Khoury, 2013; Hunt, 2005).

The beginning of the war with Iran transformed the nature of the Iraq state. Iraq invested its resources into funding the war and was no longer able to allocate resources to development. This war never directly exposed all Iraqis to war activities (since it took place in the border regions with Iran); however, it resulted in substantial losses of Iraqi citizens (Tripp, 2007). It is estimated that 200,000 Iraqi lives were lost, with an additional 400,000 wounded and 70,000 taken prisoner (Hunt, 2005). Throughout the Iraqi-Iranian war, hundreds of thousands of Iraqi Shia¹ Arabs fled the country to Iran, and some were forced to leave Iraq because of their Persian background. Shia and Kurds also fled after they had been attacked by Hussein's army (Otterman et al., 2010; Tripp, 2007).

Iraq Invasion of Kuwait (1990-1991)

The economic costs of war for Iraqi citizens were overwhelming. Unemployment, as well as an increase in the demands of social services, severely stressed Iraq's ability to create jobs and meet the population's social needs. In 1988, declining oil prices worsened Iraq's economic situation (Hunt, 2005). To deal with these catastrophes, Hussein tried to persuade Kuwait and Saudi Arabia to restrict production of petroleum to raise oil prices and expected them to consider

¹ In this document, the term "Shi'ite" refers to an individual who holds the beliefs of this sect of the Islamic religion,

the 40 billion dollars they had extended Iraq in loans as a gift (Hunt, 2005). While Saudi Arabia was willing to excuse the loans, Kuwait did not yield to pressure (Khoury, 2013; Tripp, 2007).

On August 2, 1990, Iraq started the invasion by attacking Kuwait City, the Kuwaiti capital. This invasion was met with international disapproval and brought immediate economic sanctions against Iraq by members of the UN Security Council. The US sent American forces to Saudi Arabia, and requested other countries to send their own forces. A group of nations joined the Alliance. The majority of the military forces in the alliance were from the US, with others from the United Kingdom, Saudi Arabia, and Egypt (Hunt, 2005).

Following Iraq's invasion of Kuwait in 1990, Iraqi citizens were exposed to severe life conditions, including a repressive regime and lack of food, medicine, and financial resources, and also direct war actions, including bombings and air pollutants resulting from missiles as well as burning oil wells (Arnove, 2003). During this period, most Iraqis who left Iraq did so "illegally," and they typically had to stay for a considerable period of time in camps in Syria, Jordan, or Saudi Arabia prior to being allowed to seek asylum in any other countries (Nassar-McMillan, 2003).

Iraqis who left the country following the invasion of Kuwait and the following Gulf War of 1991 formed a new wave of refugees from the Middle East. It is estimated that, between the Gulf War and the US invasion (1990s-2000s), one to two million Iraqi refugees left the country, most of whom were Shia and Kurds (Tripp, 2007). Of those that left, 277,000 Iraqis applied for asylum in Western countries, mainly Europe and the US, and others fled to Jordan (250,000), Iran (200,000), Syria (40,000), and tens of thousands to Lebanon and Turkey. Over one million people were also internally displaced during this period (Otterman et al., 2010; Tripp, 2007). Iraqi refugees who fled to neighbouring countries suffered from more severe and prolonged trauma, and were faced with serious domestic hardships including spending significant amounts of time in under-resourced refugee camps in Middle Eastern countries, as well as being exposed to rape, violence, and political persecution (Khoury, 2013).

The Second Gulf War (2003)

After the Gulf War, the UN imposed economic sanctions on Iraq, which had damaging effects on the Iraqi population. The restrictions cut off most food supplies, and industry and agriculture production was terminated. In addition, UN sanctions prohibited Iraq from selling oil (Davis, 2005), which led to widespread poverty, malnutrition, and infant mortality. Based on UN

estimations, between 500,000 and 1.2 million children died during the years of the sanctions. As a result of that, the UN considered relaxing the sanctions that had been imposed, and in 1996, a food program was established to ease the effects of sanctions (Arnove, 2003).

After the September 11 attacks on the United States by Al-Qaeda, the second Bush administration applied a policy of preventive attacks against enemies of the United States and announced a global war on terrorism. The United States assumed that Iraq possessed weapons of mass destruction (WMD) and ties to al-Qaeda, and, therefore, posed a serious threat to the United States (Davis, 2005; Khoury, 2013).

In March 2003, the United States, in alliance with Great Britain, launched Operation Iraqi Freedom. Within three weeks, Hussein's regime collapsed and the Iraqi army surrendered. In April 2003, US forces captured Bagdad and brought down a statue of Hussein, symbolically ending his regime (Tripp, 2007; Davis, 2005).

The Current Conflict in Iraq

After the collapse of Hussein's regime in 2003, the conflict between different religious groups began, most significantly between Sunnah and Shia groups and leading to sectarian attacks. This conflict triggered much migration and relocation. Approximately 700,000 people fled to neighbouring countries between October 2003 and March 2005; 36% of these people were Christian and Assyrian. In 2014, another conflict arose between the Iraqi government and a new group of Islamic extremists called the Islamic State of Iraq and the Levant (ISIL), also known as ISIS. This group started invading Northern Iraq as well as many places in Syria, aiming to apply extreme Islamic and sharia laws. The main targeted groups were Shia Muslim, Armenian Christians, Assyrians, and other minorities. This ongoing violence resulted in continuous waves of internally displaced people and refugees (UNHCR, 2015).

The Situation of Iraqi Refugees

The human cost of the ongoing war in Iraq has been the focus of much attention since the removal of Hussein's Ba'athist regime. The 2003 invasion resulted in pervasive dislocation. The most recent statistics reveal that 2.4 million Iraqis left Iraq and 2.7 million became internally displaced as a result of the violence generated after the US attack in 2003 (Otterman et al., 2010).

The Middle East has the highest numbers of internally displaced persons and refugees in the world with many of them coming from Iraq (Cohen & Deng, 2012). Syria and Jordan were the main two countries that hosted Iraqi refugees from the 2003 war, mainly because of their

proximity to Iraq, with lesser numbers resettling in Lebanon, Egypt, Iran, and other gulf countries (Brookings, 2009; Fagen, 2007; Harding & Libal, 2012). Some estimates suggest there are between 450,000 to 500,000 Iraqis in Jordan and 1.2 to 1.4 million Iraqis in Syria with the majority of them living in the capital cities of Amman and Damascus (Fagen, 2007; Al-Miqdad, 2007; Lischer, 2008).

None of the countries hosting large populations of Iraqis have signed the 1951 Convention relating to the Status of Refugees, and none of these countries granted Iraqi refugees any form of refugee status. Jordan, Syria, and Lebanon generally tolerate the refugees' presence, but have not legalized their status, which makes formal employment very difficult (United States Committee for Refugees and Immigrants [USCRI], 2009). With no legal status, barely any of the Iraqi refugees have the right to work. They can only find work in the grey² or black markets, and even that is commonly difficult, and so they are reliant on the help provided by non-profit organizations (Mowafi & Spiegel, 2008).

Many Western countries experienced sharp increases of asylum claims from Iraqi refugees. For much of the 1990s and early 2000s, Iraqis were the largest single group of asylum seekers arriving in developed countries. The majority of Iraqi refugees who were legally allowed relocation through government programs in Western countries were resettled in the United States (32,010), Canada (13,410), Australia (14,170), and 4,910 in Sweden (UNHCR, 2003; Brookings, 2009). While Canada has temporarily suspended removals to Iraq because of the widespread violence (CCR, 2008a), some countries—such as Lebanon, Jordan, the UK, Netherlands, Greece, Poland, and the Czech Republic—have continued to forcibly return Iraqis, directly or indirectly, to Iraq, regardless of the severe situation of violence (CCR, 2008a).

Refugee Situation in Canada

The number of refugees coming to Canada has increased significantly over the past several decades (CCR, 2008a). Canada is one of the few countries that have a permanent resettlement and immigration program (Fantino & Colak, 2001). In 1969, Canada accepted the 1951 UN Convention relating to the Status of Refugees that was created by the UNHCR. This convention was created to adopt refugee issues as a worldwide human rights concern (Malkki,

² Grey markets “are small businesses built by individuals who are not authorized retailers of the goods being sold, and include items such as computer games, automobiles, arcade games, pharmaceuticals, electronic gadgets, stock market securities, and textbooks” (Investopedia, 2016).

1995), and it sets out who is a refugee, what distress an individual must experience in order to be considered in need of protection, and what rights are linked with this status (Marfleet, 2006).

According to this convention, the definition of a refugee is a person who:

...owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (United Nations General Assembly, 28 July, 1951).

Approving this convention has motivated Canada's formal commitment to recognizing and protecting refugees in Canada, and ensuring that their essential rights are valued (UNHCR, 2013). As a member of the international community, Canada works closely with the United Nations Refugee Agency to help find solutions to continued and developing refugee situations (CIC, 2016a).

Since 2002, Canada's immigration program has been constructed on the Immigration and Refugee Protection Act (IRPA) and its policies. The IRPA replaced the Immigration Act of 1969 and defines three basic categories of permanent residents (economic immigrants, family class, and refugees), which correspond to three major program objectives: contributing to economic development, reuniting families, and protecting refugees. The introduction of the IRPA in June 2002 established Canada's commitment to proactively sponsor refugees primarily on humanitarian grounds and protection needs (Wilson, Murtaza, & Shakya, 2010).

The Canadian government applies two programs to protect refugees; the first one is the Refugee and Humanitarian Resettlement Program. This program is for people seeking protection from outside Canada. People in this category are given permanent residence (landed status) when they arrive in Canada, are classed as resettled refugees, and are allowed to work in Canada after they apply for work permits (CIC, 2016a). The resettlement program involves selection of refugees overseas either as government-assisted refugees who are referred by UNHCR and supported through the federally funded Resettlement Assistance Program (under this program, refugees cannot apply directly and have to have their applications reviewed and accepted by the UNHCR), or as privately sponsored refugees who are sponsored and supported by voluntary

groups (Yu, Ouellet, & Warmington, 2007; CCR, 2008b). Through this program, Canada resettles 11,000 to 13,000 refugees annually, or one out of every 10 refugees resettled globally (CIC, 2010).

The second program is the In-Canada Asylum Program. This program is for people making refugee protection claims from inside Canada. Individuals can apply for refugee protection claims at a port of entry or at a Citizenship and Immigration Canada office in Canada. Persons making claims through this program are referred to as refugee claimants and they go through a refugee determination process within Canada that has been designed to determine the legality of their claims (CIC, 2016a). Claimants who are found to be in need of Canada's protection at the Immigration and Refugee Board (IRB) are granted protected person status (CCR, 2008b).

Through both of these programs, Canada generally accepts 25,000-35,000 refugees a year. This accounts for roughly 10-12% of the 250,000 permanent residents (immigrants and refugees) that settle in Canada yearly (CIC, 2015c). Adding to that, there are significant numbers of refugees who are living in Canada without legal migration status. There is no official number for them, but an estimation of their number is approximately 200,000, with the majority of them living in Toronto (Khanlou, Koh & Mill, 2008). Canada also continues to resettle Iraqi refugees; the Government of Canada has resettled more than 23,000 Iraqi refugees as of December 2015 (CIC, 2015b).

There are different Canadian organizations that address refugee issues and resettlement such as CIC, which is the main federal government department responsible for refugees in Canada, the Immigration and Refugee Board (IRB), the Canadian Council for Refugees (CCR), and the Canadian International Development Agency (CIDA), which provides humanitarian aid to refugees abroad through the UNHCR and several other organizations including the United Nations International Children's Emergency Fund (UNICEF), the Red Cross, the World Food Program, and other Canadian non-governmental organizations (United Nations Association in Canada, 2012).

There are two large barriers to refugee integration in Canada; the first challenge is lack of permanent status. There are thousands of refugees who are deprived of many rights and services because they lack permanent status (CCR, 2008b). Most of them will likely end up receiving permanent residence, but in the meantime they are living in limbo and their lives are on hold

(CCR, 2008b). The second challenge is reuniting with family members. Refugees are often separated from their families when fleeing, and bringing their family back together is their highest priority. Unfortunately, the long procedure for family reunification application processing makes it challenging for refugees to settle and integrate (CCR, 2008b).

Refugee Settlement Services in Canada

Canada is one of the most diverse countries in the world because migration is the driver of population growth (McKenzie, Hansson, Tuck, & Lurie, 2010). Canada's refugee group is combined of different populations with different histories, cultures, and needs (McKenzie et al., 2010). While mental health is a concern for all Canadians, refugees are especially vulnerable. Refugees may have undergone torture, trauma, and difficult migration experiences (Yu et al., 2007). Most of them have been forced to leave their homes and endured terrific adversity prior to resettlement within a host country (Morris, Popper, Rodwell, Brodine, & Brouwer, 2009). The majority of them have spent the greater part of their lives in refugee camps with limited resources and different stressors during their residence (Morris et al., 2009). These factors can lead to a prevalence of physical and mental health problems (Beiser, 2005; Bhui et al., 2003), which often persist upon resettlement (Fandrich, 2012). Another concern is the post-migration conditions that potentially have the greatest moderating effect on refugee mental health (Gushulak & Williams, 2004).

However, for most resettled refugees little is known about their health needs beyond a health assessment completed upon entry (Morris et al., 2009). The World Health Organization's [WHO] 2001 Annual Report, "Mental Health: New Understanding, New Hope," reveals that most countries do not have a national mental health policy and that Canada is one of these countries. Even though Canada offers different levels of service coverage across the country, there is a lack of policy for how to address the needs of refugee clients (Abraham & Rahman, 2008).

A very common issue for mental health systems in developing countries is how to improve services and outcomes for immigrants and refugees (Hansson et al., 2009). The Canadian Board investigated the response of health systems in selected countries to the needs of the diverse populations in these countries, such as Australia, New Zealand, the United Kingdom, and the United States of America (Standing Senate Committee, 2004). They concluded that there was often poor access to mental health care and this correlated with increased use of emergency

care, increased use of the police and justice system, more frequent hospitalization (involuntary), and an increased community load of mental illness (McKenzie et al., 2010).

The ever-increasing role of mental health interventions in addressing refugee suffering begs the question of whether mental health services are adequately prepared and designed to serve ethnically, culturally, and religiously heterogeneous refugee populations, and whether these services are appropriate and correspond to their mental health needs (Gozdziak, 2004). In this section I will review some of the settlement services provided to refugees with a focus on the existing mental health services and the barriers that refugees usually experience in accessing these services.

Different Types of Settlement Services

Settlement services are defined as direct or indirect services that aim to facilitate aspects of social, emotional, physical, or economic adjustment or settlement of newcomers, which include immigrants and refugees in Canada (Yu et al., 2007). Many settlement service providers in Canada target all newcomers, including refugees, while some are designed to serve certain ethnic groups or only refugees or some categories of refugees (Yu et al., 2007).

There are different ways to categorize settlement services, and one way has been suggested by Beyene (2000). Based on Beyene's categorization, settlement services provided to refugees are grouped into four types: 1) reception level services, 2) basic level services, 3) labour market entry services level, and 4) specialized settlement services level. Below I will give a very brief overview of the different resettlement programs provided to refugees with a focus on the existing mental health programs that target refugees.

The first level is reception services, which include culturally and linguistically appropriate orientation and reception programs (Beyene, 2000). Resettled refugees are qualified to join Canadian Orientation Abroad sessions, in which different issues regarding life in Canada are discussed before they leave the country of their residence. Topics include Canadian culture and life, employment, rights and responsibilities, in addition to other things related to accommodation and housing. Once they arrive, most refugees are met at the airport by staff from settlement agencies if they are government sponsored refugees, or met by their sponsors if they are privately sponsored refugees. However, some refugees are not met by anyone unless they have friends or family already residing in Canada; these individuals rely on word-of-mouth for information as to where to go (Vasilevska & Simich, 2010).

The second level is basic services, which includes assistance with access to appropriate housing, language classes, interpretation assistances, networking services, and obtaining and completing necessary government documents such as how to apply for health cards (Beyene, 2000). Resettled refugees are eligible to receive housing support services immediately after arrival (Yu et al., 2007).

All categories of refugees can benefit from federally and provincially funded employment and language services that are offered to all permanent resident newcomers. Other services are designed for refugees with high language and professional skills. For example, the Enhanced Language Training program provides advanced work-related language training with a bridge-to-work component (Yu, et al., 2007). Other programs that are provided to refugees under this category are Community Bridging Services and the HOST programs. The main aim of these programs is to connect newcomers with Canadian residents who assist in resettlement and the development of social networks. Such programs help to build social networks, which encourage the use of official language and help in the search for housing and employment (Yu et al., 2007).

The third level of service is labour market entry services. This type of service deals with qualification evaluation, labour market training and experience, education, and professional accreditation (Beyene, 2000). Employment services often involve workshops on resume writing, interview skills, and job search tools (Vasilevska, 2010). There are many programs that are funded by the federal or provincial governments that aim to support all immigrants and refugees in looking for jobs. For example, the federal government funds employment-related services through the Immigrant Settlement and Adaptation Program (Yu et al., 2007).

The fourth level is the specialized settlement services. This category is concerned with addressing individual needs such as counselling for family problems, cultural barriers, occupational concerns, and other stressors that emerge during the settlement process (Beyene, 2000). All refugees, including refugee claimants, have access to the Interim Federal Health program (IFHP), which tackles basic and emergency health needs. However, this program is only concerned with physical health and does not address refugee mental health needs (Sadiq, 2004).

In the next section I will discuss the current situation of mental health services that are designed to serve refugees, the appropriateness of these services, and the barriers that prevent refugees from accessing these services.

Current Situation of Mental Health Services for Refugees in Canada

Upon arrival in Canada, a refugee's initial health care needs often have not been met for many years; mental health concerns are often raised in primary care settings in the context of dealing with physical problems. Physical complaints such as headaches, fatigue, difficulty sleeping, and difficulty breathing may be expressions of psychological disruptions (Crosby et al., 2006; Summerfield, 2005). The usual source of referral to mental health services for these groups are social workers, family doctors, pediatricians, and schoolteachers (Measham et al., 2001).

Even though all health services offered in Canada are available to resettled refugees, their use of mental health services constantly lags behind that of the general population (Chen, 2010). There is good evidence that new refugee families do not readily seek help on their own (Murphy, Ndegwa, Kanani, Rojas-Jaimes & Webster, 2002; Measham et al., 2001), and even when they seek assistance, they usually use mental health care services less than other newcomers. Also, when referred by others, they are less likely to attend follow-up sessions after the first appointment (Chen & Kazanjian, 2005).

Refugees experience many barriers that prevent them from accessing mental health services, both in Canada and globally. In Canada, there are many barriers that often prevent them from fully utilizing mental health services; for example, insufficient language skills, unfamiliarity with the Western biomedicine system (Ferguson & Candib, 2002; Guruge, Collins, & Bender, 2010), low socioeconomic status (Chiu, Ganesan, Clark & Morrow, 2005; Donnelly, 2005), ethnic inequity, differences in illness and treatment models between service providers and client (Hansson et al., 2010), and unequal health care provider-client power relationships (White, 2007; Anderson & Donnelly, 2004).

Most studies in the area have focused on these barriers and little consideration has been given to investigating and evaluating the efficiency and appropriateness of the existing mental health services in meeting refugee mental health needs. These studies do not address that the majority of new immigrants to Canada come from different backgrounds and are ethnically and culturally different than those for whom the health services are designed (Chen, 2010).

Understanding cultural and contextual effects imposes the necessity of learning about pre-migration, migration, and post-migration contextual issues, and learning about history of trauma, family separation and reintegration, as well as the host country's institutional policies and rules regarding migration (Crocket, 2005). It also demands being aware of how much

refugee families are rooted in their culture of origin. Because of their migration experiences, refugee families have been described as being in between cultures (Bhabha, 1994). Thus, the host countries should not ignore refugees' cultural characteristics, nor should they be stuck in a stereotyped cultural presentation (Bibeau, 1997).

Recent work has tried to understand how refugees conceptualize and express their emotional distress and how these cultural conceptions may differ from the Western medical perspective (Gozdziak, 2004; Vasilevska, 2010). Studies have sought to understand the gaps between client needs and the available mental health services, and how these gaps might be connected (Vasilevska, 2010). It has been acknowledged that refugee conceptualization of health and illness, their cultural values and beliefs, and their expectations about treatment shape the ways in which they manage illness and impact the ways in which they understand and approach a Western health care system (Chiu et al., 2005; Kleinman, 1980).

The Western biomedical model of health care has been presented in the literature as one where the client, as an individual, seeks professional care. The relationship between the professional and the client exists only around diagnosis and treatment. This relationship is conceptualized as unidirectional. Once a patient gets better, the medical professional goes about his or her work and this relationship ends (Vasilevska, 2010). In other cultures, the interconnectedness of self and society is seen to be important in the treatment process; therefore, responsibility for care of the individual is located within the family or the community. This model of health care focuses on the connection between the patients and their social context, with a preference for social forms of intervention when mental health support is needed (WHO, 2001).

An example of the Western medical model is the application of the concept of PTSD on individual responses to traumatizing events (Marsella, 2010). The application of this concept has been challenged for pathologizing normal individual responses to abnormal events that often have social and political origins (Bracken, Giller, & Summerfield, 1995; Burstow, 2005). While medical care for acute mental disorders should be accessible upon resettlement, refugee psychosocial needs must also be addressed (Vasilevska, 2010). Existing mental health services, which are built around the medical model, are often not appropriate or acceptable (Chen, 2010).

Refugees from certain cultural backgrounds tend to express their psychological distress in the form of somatic symptoms (Crosby et al., 2006). When the body has been the cause of

suffering, such as in the case of torture victims, traumatic memories may be expressed in the form of physical symptoms (Nadeau & Measham, 2005). In this situation, making the right diagnosis and providing the right intervention may necessitate multidimensional efforts (Mrazek, 2002). Mental health specialists need to comprehend how distress may be expressed in the form of physical illnesses, and decide which complaints should be dealt with by purely medical disciplines and which may need to be understood from the perspective of emotional difficulties where culture plays a role in the presenting symptomatology (Mrazek, 2002).

In some immigrant and refugee cultures, revealing family problems to strangers (i.e., clinicians) is considered a cultural taboo (Ahmed & Reddy, 2007). For example, O'Mahony and Donnelly (2007) found that health care providers perceived that:

counselling or "talk therapy" could be viewed as intrusive and might not be a suitable treatment modality for some immigrant women due to a cultural belief of keeping honour within the family. (p. 466)

Western-trained mental health service providers and program planners often do not realize the stigma attached to mental illness in some cultures (Beiser, 2005; Hsu & Alden, 2008; Whitley, Kirmayer, & Groleau, 2006). Thus, they are encouraged to recognize to what degree it is difficult for some clients to express their mental health concerns because of their cultural beliefs (Ahmed & Reddy, 2007), to stay sensitive to the approach in which information about family history and family dynamics are obtained, and to help clients understand the necessity to share information to receive helpful treatment. This understanding, in turn, discourages the delivery of services in a one-size-fits-all approach that overlooks the diversity of needs between different cultural groups and even within one cultural group (Williams, 2010).

Another factor that affects refugee utilization of mental health services is related to the health care professional's expertise. Providing culturally sensitive services to a wide range of multicultural clients can be challenging (Teng, Blackmore, & Stewart, 2007). One study was conducted with health service providers including nurses, doctors, social workers, community workers, educators, and mental health counsellors; most of the research participants indicated that they had never received training precisely related to working with survivors of war, torture, and systematized violence. A few of the participants agreed that they had received some training in working with survivors of trauma, but that training was insufficient or did not particularly relate to war survivors coming from different places. All of the participants stated that they

would like to obtain training related to working with war survivors (Kirmayer et al., 2011). Murphy (1987 as cited in Nadeau & Measham, 2005) also pointed out the challenging aspect of meeting immigrants:

The immigrants' foreignness can be felt unconsciously as a threat that provokes rejection despite a conscious desire to help. This is because attempting to identify with such foreignness often leads to a questioning of one's own most elementary beliefs, and this questioning can create an anxiety-arousing insecurity. (p.84)

Therefore, health care providers must firstly acknowledge and understand their own challenges as a first step to overcoming difficulties that prevent them from working effectively with refugees. Secondly, they need to investigate cultural beliefs, values, and patterns of relationship and communication that impact refugee behaviour in seeking help (Donnelly et al., 2011). This knowledge will help practitioners to deliver effective health care services that meet the mental health needs of different refugee groups and could be applied to mental illness prevention and treatment (Donnelly et al., 2011).

Refugee Settlement Services in Saskatchewan

In recent decades, there have been years when Saskatchewan, in addition to Newfoundland, has had the slowest growing population of all the Canadian provinces (Anderson, 2006). In a report for the Saskatchewan Intergovernmental and Aboriginal Affairs Department, Elliott (2003) noted that Saskatchewan has the highest proportion of people over 65 and less than 15 in Canada. This means that the number of the population who are between the ages of 15 to 65 is relatively few compared with other provinces (Elliott, 2003). In regard to newcomers, which include immigrants and refugees, the demographic indication shows that Saskatchewan has been receiving considerably fewer newcomers than other provinces. Whereas 20% of Canadians in 2006 were foreign-born, only 5% of Saskatchewan's population were newcomers (Statistics Canada, 2013; Anderson, 2006).

As a result of Saskatchewan's recent economic boom, the province started to face challenges in terms of shortages of skilled workers and investment capital in some sectors (Emery, 2013). To face this issue, the provincial government and many employers in Saskatchewan have been focusing their efforts on attracting immigrants (Government of Saskatchewan, 2009-2011). One of the most effective steps that the Saskatchewan Government has taken to increase the immigration ratio in this province is by changing its immigration

policies. In addition to the three classes (economic class, family class, refugee class) under which immigrants from other countries are allowed to enter into Canada (Government of Canada, 2001), Saskatchewan created a new program called the Saskatchewan Immigrant Nominee Program (SINP; Government of Saskatchewan, 2009- 2011). This program has provided an alternate and quicker entry into Canada. It allows Saskatchewan to select the most qualified candidates, based on provincial criteria, from the federal government for permanent residency (Saskatchewan Immigration, 2014). Skilled workers, business owners, and international students became the focus of this program (Government of Saskatchewan, 2015). As a result, migration has formed approximately 65% of the population growth in Saskatchewan in 2011. The SINP accounted for 94.5% of this growth, with Saskatoon and Regina as the most dominant destination for immigrants to Saskatchewan (Government of Saskatchewan, 2009- 2011).

In addition to its focus on attracting expert immigrants, Saskatchewan has continued honoring its humanitarian commitment of welcoming refugees to the province (Lamba, Mulder, & Wilkinson 2000). Saskatchewan has been welcoming a significant number of people who have suffered different traumatic experiences such as war, poverty, and other disasters, with many of them coming from war-affected regions (White et al., 2009). The largest source country for the refugee class in Saskatchewan in 2011 was Iraq, followed by the Democratic Republic of Somalia, and then Bhutan (Government of Saskatchewan, 2009- 2011). This has effects on the types of services that have been designed to address these needs (White, 2007).

Even though Saskatchewan has one of the lowest percentages of newcomers compared to other Canadian provinces, newcomers are adding to the cultural and ethnic diversity of the province (Anderson, 2006; Kumaran & Salt, 2010). Host communities are faced with the challenge of helping them to settle and to build their communities successfully (White et al., 2009). As a consequence, the Saskatchewan Settlement Integration and Planning Council was created by the province to better manage information sharing and program organization for immigrants and refugees (Garcea, 2013). To encourage immigrants to settle and integrate, the Ministry developed a new settlement and integration model that offers funding to third-party organizations to provide settlement and language services that assist in better resettlements (Government of Saskatchewan, 2009-2011). The Ministry accepted responsibility for making sure that all services are freely available and reachable, in an attempt to ensure positive outcomes for newcomers, employers, and communities. Settlement and integration coordinating

committees have been established in Saskatoon, Regina, Moose Jaw, and Prince Albert (Government of Saskatchewan, 2009-2011; Garcea, 2013).

In Saskatoon there are several formal organizations committed to assisting immigrants and refugees (Garcea, 2013). These include the Saskatoon Open Door Society, Newcomer Information Center, The Global Gathering Place, International Women of Saskatoon, Saskatchewan Intercultural Association, and Saskatchewan Career and Employment Services. These settlement agencies are partially or fully funded by the government and provide services for immigrants and refugees (Newcomer Information Center [NIC], 2012a; Kumaran & Salt, 2010).

The main purpose of these services is to welcome immigrants and refugees, help them to adapt to the Canadian way of life, assist them in becoming effective members in Canadian society, provide them with the latest information and refer them to different programs and services that meet their needs, and acknowledge and support the right of every cultural group and individual to maintain and develop their unique cultural identity. Language classes, employment services, as well as health services and counselling are some of the wide range of services that settlement agencies attempt to provide. These services might be provided through different programs such as settlement and family programs, employment programs, skill development programs, literacy and post-secondary education and training programs, among others (Saskatchewan Government Relations and Aboriginal Affairs, 2002; Kumaran & Salt, 2010).

In addition to these formal organizations funded by the government, there are many other community-based and ethno-cultural organizations that welcome and help newcomers (e.g., Saskatoon Newcomers Club, Saskatoon Muslim foundation, Filipino-Canadian Association of Saskatoon, India Cultural Community Association and Ukrainian Canadian Congress; NIC, 2012b).

There are two challenges that settlement agencies in Saskatchewan encounter; the first one is the challenge to offer services that meet the wide range of immigrant and refugee needs. For refugees who have been forced to leave their homes and suffer different types of trauma, without appropriate services to support their transition into the new country, many of them will not settle successfully (Saskatchewan Government Relations and Aboriginal Affairs, 2002). Additionally, it is important to note that not all newcomers are aware of, eligible for, or have access to the available services. In other cases, newcomers can only access some of the existing

programs and services offered by settlement agencies during the first few years after arrival, even if some of those needs extend or emerge beyond the initial settlement period (Garcea, 2013). The second challenge is related to creating connections between different settlement agencies. There is a need to improve the relationship between different settlement agencies through information sharing and program and service delivery coordination. There is also a need to integrate immigrants and refugees with their communities to attempt to make them feel welcome and give them an opportunity to settle successfully. The responsibility is on governments, settlement agencies, volunteers, employers, and others to work together to make communities hospitable to newcomers and reactive to their needs (Saskatchewan Government Relations and Aboriginal Affairs, 2002).

Current Situation of Mental Health Services for Refugees in Saskatchewan

Few studies have been conducted to examine the situation of the existing mental health services offered to immigrants and refugees in Saskatchewan (Omorodion & White, 2003; White, 2007, 2009; White et al., 2009). These studies aimed to identify the barriers that refugees and immigrants encounter in accessing mental health services in an attempt to create a list of practical recommendations to increase accessibility and improve the quality of the mental health services that are provided to this group (White, 2007; Canadian Task Force on Mental Issues Affecting Immigrant and Refugee People, 1988).

In Saskatchewan, refugees experience several barriers that prevent them from accessing and utilizing mental health services such as language difficulties, the lack of culturally sensitive services, lack in awareness of the availability of mental health services, cultural and social stigma related to mental health illnesses, and unequal practitioner-client power relationships. Other challenges are related to the differences in illness and treatment models between service providers and clients (White, 2007, 2009; Rahimi, 2013).

One important issue is related to providing culturally appropriate mental health services to newcomers and their families (White, 2007, 2009; Rahimi, 2013). Studies revealed that professionals and settlement workers have a little or no experience working with newcomers who come from different cultures, specifically refugees who come from war-torn countries and who have experienced extreme traumatic events (White, 2007, 2009; Rahimi, 2013; Saskatchewan Government Relations and Aboriginal Affairs, 2002). Professionals who are dealing with immigrants and refugees do not have the required expertise or training that qualify

them to address the special needs of this group (Rahimi, 2013; White, Tutt, Rude, Mutwiri, Senevonghachack, 2002; Omorodion & White, 2003). While mental health care providers are doing their best to provide mental health services, studies revealed that these services are not culturally sensitive (White, 2007, 2009). As a result, newcomers are not getting appropriate services that correspond to their mental health needs (Rahimi, 2013).

In regard to immigrant and refugee access to mental health services, studies revealed that mental health professionals were recording non-utilization or underutilization of services by immigrants and refugees and, as a result, only a small percentage of individuals who require mental health services ever access them (White et al., 2002). However, Andersen and Davidson (2001) propose that access to mental health is more than the “output” of the healthcare system. They argue that the number of clients served does not reflect the success of the service. Increased refugee use of existing services does not mean they have received efficient services (Andersen & Davidson, 2001). Improving refugee access to mental health services should assess the effectiveness of services in improving the mental health outcomes of the refugees and should not be limited to increasing the number of refugees who access existing mental health services (Chen, 2010).

Andersen and Davidson (2001) define access to mental health services as “actual use of personal health services and everything that facilitates or impedes their use....Access means not only getting to service but also getting to the right services at the right time to promote improved health outcomes” (p.3). This definition is coherent with numerous quality features of health services proposed by the Canadian Institute of Health Information (1999), which are to be accessible, available, appropriate, acceptable, competent, safe, and effective. These characteristics are fundamental components of access to effective mental health services (Canadian Institute of Health Information, 1999). Taking this comprehensive conceptualization and the criteria of access to mental health services into account, the fundamental question is whether the right services that meet refugee mental health needs really exist and whether the available services are appropriate and acceptable (Chen, 2010).

Accordingly, the current project aims to identify some of the psychological challenges that Iraqi refugees experience as a result of forced displacement. As well, this project aims to explore and evaluate the appropriateness of the existing mental health services and to what degree these services correspond to Iraqi refugee mental health needs. This is assessed by

investigating the question from the perspective of refugees, settlement workers, and mental health care providers, with the goal of generating a list of practical recommendations to provide to settlement agencies, the health region, and policymakers.

In the next section I will provide an overview of this project. Research questions will be listed, and then my personal and theoretical overview will be outlined. Finally, I will discuss the methodology that I employed in conducting this research.

CHAPTER 3

Theoretical Perspective and Study Methodology

Theoretical Perspective

The current study has two main goals. This first is to understand Iraqi refugee experiences and the difficulties they faced during the migration journey until their arrival in Canada, and the impact that forced displacement has had on their mental health. The second goal is to evaluate the effectiveness of the current mental health services and explore to what degree they correspond to Iraqi refugee needs. To be able to achieve these goals I chose constructionism as my epistemological framework and interpretive phenomenology as my research methodology. In addition to the chosen theoretical framework, my personal position and perspective play a role in shaping this research project and the participant responses to me as the researcher. Below I will introduce my chosen paradigm and the reasons I chose it to address my research questions.

Constructionism

To introduce this epistemology, I draw mainly on the work of Crotty (1998). Social constructionism is an epistemological approach to knowledge and research in the human sciences (Crotty, 1998). It is anti-essentialist in orientation. In this epistemology there is no objective “essence” residing in phenomena and our knowledge is not a direct perception of reality or an objective truth (Burr, 2003). Social constructionism is “the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (Crotty, 1998, p. 42). Therefore, all meaning attached to the knowledge is formed as a result of the interaction between humans and their social environment. These meanings are constructed alongside a background of the larger cultural, familial, historical, and social influences (Gergen, 1985). As a result of unique life experiences and cultural backgrounds, there are multiple realities, multiple meanings, and multiple interpretations of the same event in the minds of people who experience it. We cannot perceive the knowledge directly; nevertheless, meaning is constructed and this, in turn, allows different people to create a different meaning for the same event (Crotty, 1998). As Haverkamp and Young (2007) indicate,

knowledge developed throughout individuals' interactions is labelled as "co-constructed." This knowledge cannot be observed directly. In order to understand it, it must be constructed (p. 268).

As a result of this approach, there is no one concrete truth that can be revealed or discovered; "there exist multiple, constructed realities" (Ponterotto, 2005 p. 130) and, thus, research should not "be aimed at discovering the true nature of people and social life...instead turn their attention to a historical study of the emergence of current forms of psychological and social life, and to the social practices by which they are created" (Burr, 2003, p. 7). "The researcher neither attempts to unearth a single 'truth' from the realities nor tries to achieve outside verification of his or her analysis" (Ponterotto, 2005, p. 130). In other words, researcher interpretation of participant responses is not a reflection of what exactly is there, but reflects how participants perceive an event and how they construct its meaning, taking into account the social context (Crotty, 1998). Thus, it is possible that different researchers looking at the same typed interview transcripts might identify different themes (Ponterotto, 2005).

This understanding of reality is consistent with my view of the world. From my perspective, there is no one absolute answer to any given question, but instead there are multiple truths or realities, which constitute varying viewpoints (Creswell, 2013). My perspective of how understanding of any phenomena is developed is parallel to looking at one object from different positions and, thus, everyone sees the object from their position and angle; as a result, none of the perspectives are incorrect. Perspectives are different and dependent on position, which is equivalent to a person's context and lived experiences. Accordingly, qualitative researchers take these multiple perspectives into account and attempt to represent a compound of participants' realities with regard to any specific experience (Creswell, 2013).

Interpretive Phenomenology

As stated above, I chose interpretive phenomenology as my guiding research methodology. By using this methodology, I seek to gain insight into each refugee's life through the use of "dialogic interviewing procedures and thematic interpretations" (Thomas & Pollio, 2002, p. 44). My goal is to understand each refugee's lived experiences during different migration stages and the effect that forced displacement has had on them.

Phenomenology is a term that incorporates both a philosophical movement and a range of research approaches (Kafle, 2013). As a philosophy, phenomenology was established in the early 20th century. In general, the main focus of this philosophy is on peoples' perceptions of the

world or the perception of the “things in their appearing” (Langdrige 2007, p.11), in addition to conducting a close analysis of lived experiences (Sokolowski, 2000) in order to help us to gain a deeper understanding of individual life experiences (Starks & Trinidad, 2007) and “to understand the experience within the context in which it takes place” (Giorgi & Giorgi, 2003, p. 27).

There are two main approaches to phenomenology: descriptive phenomenology, also known as transcendental phenomenology, which was developed by Edmund Husserl (Connelly, 2010); and interpretive phenomenology, also known as hermeneutic phenomenology (Langdrige, 2007; Lavery, 2003) and as existential phenomenology (Spinelli, 2005), which was developed by Martin Heidegger. Both approaches have influenced each other and attempt to expose the human experience as it is lived (Lavery, 2003). For the purpose of this research, I will focus on interpretive phenomenology since I believe it is able to answer my questions related to understanding refugee life experiences. The principles of this phenomenology are rooted in the epistemological philosophies of constructionism. Interpretive phenomenology is the practice and theory of interpretation and understanding humans in their contexts. It aims to uncover expressed meaning in order to establish co-understanding (McLeod, 2001).

Interpretive phenomenologists believe that phenomenology can do more than merely describe lived experiences; they argue that it should be seen as an interpretative process in which researchers interpret the meaning of lived experiences (Lavery, 2003). Phenomenology provides a way for researchers to focus on the meaning of experiences, usually by way of in-depth interviews (Creswell et al., 2007).

Consequently, researchers must approach their data with two goals. The first goal is to try to describe and understand their participants’ experiences. Usually, this process leads to a focus on the participant’s experiences of a specific event, process, or relationship. The second goal is to conduct a more explicitly interpretative analysis that tries to link the initial “description” of a participant’s specific experiences to the wider social and cultural context, and previous theoretical background (Smith & Osborn, 2009). This approach gives the researcher a chance to deal with the data in a more analytical way; for example, what it means for the participants to share these experiences in this particular time and situation, in addition to enriching the interpretative process by discussing these experiences in the light of previous literature and theories that will help to answer the research questions (Larkin, Watts, & Clifton, 2006). It is this emphasis on interpretation that moves the researcher away from simply describing the

individual's experience towards an understanding of the phenomenon that is context-specific and inclusive of both the individual and the researcher (Clarke, 2009).

Researchers who use interpretive phenomenology should acknowledge that, while they attempt to access "the participant's personal world" (p. 218), it is not possible to have direct access into a participant's life because "access depends on and is complicated by the researcher's own conceptions" (Smith, Jarman, & Osborn, 1999, pp. 218–219) lived experiences, characteristics, values, interpersonal dynamics, and the larger cultural context (Kleinman, 1980). Researchers cannot investigate "things in their appearing" while remaining neutral or detached from the phenomena they are exploring (Langdridge, 2007), and it is not possible to completely eliminate their biases from affecting the study; instead, they must attempt to make themselves aware of them and recognize that they exist (Sloan & Bowe, 2014).

The epistemology underlying a constructionism position requires close, prolonged interpersonal contact with the participants in order to facilitate the construction and expression of the lived experiences being studied. Therefore, it is a misconception to assume that a researcher can eliminate their value biases during interaction with the participants (Ponterotto, 2005). As a result, the meanings that the researcher arrives at are a combination of both the participants' experiences, the context in which they occur (including the other people involved in participants' lives and the environments in which they live), their perception of the purpose of the study, their intuition of the researcher's expectations from them, and the researcher's interpretations of these experiences (Lopez & Williams, 2004).

This approach gives us a deeper understanding of lived experiences and the meaning of the phenomena. The interaction of the researcher and the participant in this research paradigm allows for understandings and interpretations to arise that are unique to both. With a consideration of culture as it influences how adults narrate their experiences, interpretation is able to move beyond mere description of experiences. Multiple interpretations (by both the researcher and by the participant of his/her own reality) could give a broad and varied perspective of the phenomena and its meanings. In other words, "the people we study interpret their own experiences in expressive forms, and we, in turn, through our fieldwork, interpret these expressions for [another] audience...our stories about their stories; we are interpreting the people as they are interpreting themselves" (Bruner, 1986, p. 10).

This interaction between researcher and research situation is known as the hermeneutic

circle or “double hermeneutic,” which encompasses a forward and backward curve (Smith & Osborn, 2008, p. 53), whereby “the participants are trying to make sense of their world and the researcher is trying to make sense of the participants trying to make sense of their world” (Smith & Osborn, 2008, p. 53).

As stated above, in this paradigm, researcher pre-understandings are considered necessary for interpreting and making sense of an individual’s experiences (Clarke, 2009); therefore, researchers are encouraged to pursue understanding about a phenomenon from academic literature before starting the research in order for them to be able to grasp the deeper meaning of the experience from the participants’ stories (Lopez & Williams, 2004).

One of the strengths of this approach is its acknowledgment that contextual factors influence how meaning is created by an individual. It is debated that the process of understanding individual experiences could contribute to revealing the shared characteristics of their experiences that result from the “external forces within a culture” and not only unique experiences being discovered (Shaw, 2001, p. 49). It is therefore likely that there will be similarities for individuals experiencing a particular phenomenon, which can be used to develop professionals’ understanding of human beings (Clarke, 2009). Therefore, when selecting study participants, researchers should make sure that all participants have experienced the phenomenon in question (e.g., war trauma and forced displacement) so a communal understanding can be reached. Thus, researchers in this paradigm are interested in how participants understand and make sense of their experiences and their relatedness to the phenomena under study (Clarke, 2009).

In summary, from the perspective of this paradigm, there are several meanings and several interpretations of the same phenomena in the minds of the people who experience it. Based on this, researchers do not try to achieve external verification of the analysis nor try to find one single concrete truth. Rather, what they aim to do is to add one’s own way of interpreting the phenomena (Ponterotto, 2005, p. 130).

My Stance as a Researcher

Philosophically, interpretive phenomenology resonates strongly with me. This approach connects with a constructionist epistemology and the existence of multiple realities dependent on the context in which a phenomenon is studied. Also, I believe that, as a researcher in the qualitative field, my background, gender, previous experiences, and previous understanding of

the phenomena affects the research process and mediates my analysis of participants narratives. Participants may disclose or hide elements of their life stories based on how they perceive my response to their stories. Also, I acknowledge myself to be inevitably a central part of the research process and that it is impossible to completely remove myself and my beliefs when analyzing and interpreting participant experiences. This methodology is an effective approach to use for this type of research as I focus on understanding the participant's experience.

Accordingly, in the context of this study, I was guided by a theoretical perspective that emphasizes meaning-based descriptions informed by interpretative approaches as I explore the experiences of Iraqi refugees and the impacts of war and forced migration, and attempt to understand refugee experiences dealing with settlement agencies and the health region. This methodology also gives me the opportunity to "give voice" to the experiences that I try to understand by providing direct excerpts from the interviews.

Research Methodology

In the course of my research I collected narratives from Iraqi refugees using life history interviews and semi-structured interviews. Data were also generated from the settlement workers using semi-structured interviews and focus groups. From the mental health care providers, the data were obtained using semi-structured interviews.

Life-History Interview

The first technique I used is life history interviews. This technique is one type of unstructured interview (Atkinson, 1998). Because the life history interview is open-ended, it allows interviewees (refugee participants) to liberally generate the content and form of their responses (Atkinson, 1998). It also allows them to describe their experiences in detail, which will help me, as a researcher, to best distinguish the psychological challenges they are experiencing and the role that forced displacement plays in shaping these challenges.

Life-history interviews build on the assumption that human beings express life experience through narrative and storied means (Good, 1994; Mattingly, 1998). Thus, in asking participants to tell their stories, the content and structure of the narrative, as constructed in the interview, may clarify what is most at stake for them, in addition to determining how they position themselves in life and how they envision their past, present, and future (Mattingly, 1998).

For refugees who struggle with a complex burden of mental health issues in addition to

other issues related to cultural difficulties, narrative can offer “a method for addressing existential qualities such as inner hurt, despair, hope, grief, and moral pain which frequently accompany, and may even constitute, people’s illnesses” (Greenhalgh & Hurwitz, 1999). Many current interpretations of refugees’ personal experiences with war and forced displacement address the benefits of sharing their stories with others. As one refugee puts it, “It’s good to talk. It releases the tension and frees you, somehow. Otherwise, you keep stuffing everything down inside all the time” (Polachic, 2002, p. 195). Interpreting our world and those in it requires understanding, and one of our principal means for understanding “is through narrative: by telling a story of what something is ‘about’” (Bruner, 1996, p. 90).

Researchers discuss the importance of “narrative competence” and of listening to participants’ stories about what is happening to them, including listening for information about their “world-view, perspectives on self and body, and related mental health and social problems,” so as to obtain a deeper understanding of their presentation from within their own cultural and societal context. Using this technique allowed refugees to narrate their experiences, share what they feel is relevant to their experiences, and present their interpretation of what is meaningful in these experiences in order to capture the information required for the study. This technique was achieved using open-ended questions, while taking care to avoid leading questions or making conclusions (see Appendix U).

Semi-Structured Interview

The second technique I used is the face-to-face semi-structured interview with a set of open-ended questions that encourage the participants to speak to specific aspects of their experience (Rothe, 2000). According to Anderson (2006), conducting semi-structured interviews enables research participants to describe their experiences and the meaning they attribute to these experiences in their own words. Additionally, using this type of interview after the oral history interview allowed me to focus on some aspects of refugee experiences, to clarify some points from the former oral-life history interview, and to raise questions and explore elements that were absent or only somewhat addressed in the life history interview. The structured aspect of the interview allowed me to focus more closely on specific aspects of the refugee’s experiences and allow interviewees to expand or clarify ideas, as well as providing them the freedom to include and to construct answers as they choose. Hence, the two methods enabled me to investigate not only the psychological challenges that refugees face, but also to capture the complexity and

diversity of their experiences (see Appendices V, W, & X).

Focus Group

The third technique I used is the focus group. I used this tool to collect data from settlement workers only. The use of a focus group was beneficial to the current project, not only for the documentation of shared and common knowledge, ideas, and experiences, but also for examining how these experiences and ideas are exchanged, co-constructed, and performed (Kitzinger, 1995). The inclusion of a focus group also allowed for the clarification of ideas that may not be explained by settlement workers in their individual interviews (see Appendix, Y).

Recruitment Process

The strategies of convenience sampling and snowball sampling were used to recruit 10 Iraqi refugees, 10 settlement workers, four mental health care providers, and four settlement workers for the focus group. Refugee participants were recruited by contacting different settlement agencies and permission was asked to place posters in both Arabic and English at each of these organizations that contained information about the study. Also, because the snowball method was used, after each interview I asked the participant if he or she might know anyone from the community that might be interested in participating.

All study documents related to refugees (the consent form, study recruitment flyer, letter of invitation, community resources, and the debriefing form) were written in English first, then translated into Arabic to make it easy for refugees to read them. The letter of invitation was read over the telephone to potential participants who contacted the researcher, and a paper copy was provided in person when informed consent was obtained. Refugee participants who were interested in participating were assessed for their eligibility to participate through a phone interview, and all questions they had about the study and their participation were answered during this call (see Appendix K). From those volunteers who indicated they were interested in participating in the study and were eligible to participate, I requested their contact information and arranged the initial meeting where informed consent was obtained and the interview was conducted.

Challenges During the Recruitment Process

As a member of the same community, I expected the recruitment process for the refugee participants to happen quickly. I anticipated enthusiastic participation, since this study aims to address gaps in the mental health services provided to them. However, after posters were put up

in the different settlement agencies, I found it very challenging to recruit participants. Only two participants contacted me through the poster advertisements, which can be explained three ways. First, there may be literacy issues with some of the refugees. Second, some refugees might have hesitated to participate in a study that, from their perspective, criticizes the services that have been provided to them by the settlement agencies and funded by the government that has hosted them. Third, they could be busy with work, English classes, and family commitments, and do not have time to consider engaging in any other activities.

Since the poster was not an effective tool for recruiting participants, I looked to the community to spread the word about the study and to help in the recruiting process. Community members disclosed that most refugees that had been contacted refused to participate. From the community members' perspective, there are three reasons for this. First, refugees were afraid to participate because they thought that their identity would not be protected and, as a result of that, their participation in the study might affect their status in Canada and they might be deported back to Iraq if they shared any negative comments about the services provided to them, even after I confirmed that the interviews would be confidential. They showed a lack of trust in other people from both inside and outside of their community, and they preferred not to share their experiences. Some were concerned about audiotaping the interviews and refused to participate even after I offered them the option of not recording the interviews. Second, in addition to not wanting to criticize the services, some of them also did not want to relive the memories of their lives in Iraq and in the transition country. Third, was the use of the word "refugee"; one of the community members who contacted some of her refugee friends and relatives reported that most of them refused to participate once they knew that the study was about refugees in particular. From the refugees' point of view, being called a refugee activates stereotypes about living in refugee camps and a poor standard of living. This community member suggested deleting the word refugee from the poster and the letter of invitation, but since the study is about refugees in particular I did not make any changes to any of the study documents. With the continuous help of community members, I was eventually able to find eight participants, and ended up interviewing 10 Iraqi refugees in total.

To recruit settlement workers, I secured approval from different settlement agencies in Saskatoon after explaining the goals and the objectives of the project. An email about study goals and objectives, a copy of the poster, and an invitation letter were sent through these

organizations to all of their settlement workers. My contact information was included in the email to allow interested employees to contact me. I did not experience any challenges in recruiting settlement workers. I had many interested workers contact me either directly or through a referral from one of their colleagues.

To recruit mental health care providers, I contacted two of the mental health institutions in Saskatoon and explained the study objectives and goals. I asked for and was given permission to put the study poster on the staffroom announcement board. One participant contacted me through the poster. This participant is a resident doctor who is doing his third year of residency at one of the mental health institutions. He had worked as a settlement worker at one of the settlement agencies and has much experience dealing with refugees in general, and Iraqi refugees in particular. He was interested in participating in the study for this reason. For the other three participants, recruitment was achieved through snowball sampling.

It was challenging to recruit participants from the mental health care providers group. I used the assistance of the psychiatrist residence student. This person stated that he had explained the study goals to a number of his colleagues who have direct contact with patients, which included nurses, psychiatrists, or resident students at the two mental health institutions where he works. Most refused to participate in the study because they had no experience dealing with refugees and no background knowledge of the services provided to them; hence, they were not sure if their participation would contribute to the study results. I continued relying on the assistance of the snowball method until I secured three other participants. It is important to mention that all four mental health care provider participants are psychiatrists and working in the same institution.

Inclusion Criteria

For each refugee participant who responded to the recruitment poster, a short telephone interview was conducted to provide them with information about the study and to see if they met the inclusion criteria for the study. These inclusion criteria were included in the recruitment poster so participants will self-screen before contacting the researcher and also had been inquired about during the short telephone interview. If the individual met the inclusion criteria and was interested in participating, their contact information was gathered and an interview was scheduled (see Appendix K).

In order for any participant to take part in the research, they had to meet all inclusion criteria: be 18 years or older, able to speak Arabic or English (or both), are originally from Iraq, have experienced the war, have been forced to flee their country, have come to Canada as a refugee within the last five years, and have not been diagnosed with any trauma-related illnesses. I made sure that all Iraqi refugee participants who participated in the interviews met all the inclusion criteria. There was one participant who wanted to participate, but he was not from Iraq originally. He was raised and lived in Iraq during the war and fled from the war, but was originally from another country so he was excluded from the study. The purpose of limiting the refugees' stay in Canada to five years is to make sure that memories from the pre-migration and transition period are still fresh, yet, at the same time, the refugee has spent enough time in Canada to be able to evaluate the existing services.

Likelihood existed that reflection on the war, the experience of forced displacement, and answering questions about psychological challenges could trigger experiences of discomfort for some participants. However, a severe distress response was unlikely, since any individuals identified to have a history of trauma-related psychological distress or considered to be at risk of such a reaction were excluded during the screening stage. During the phone-screening interview, as well as at the start of each interview, the potential refugee interview candidates were asked about any history of trauma-related distress or any existing PTSD-related diagnoses or identifiable symptoms. In cases where such indications were suspected by the researcher, those volunteers were excluded. One of the volunteers who was interested in participating in the study interviews had been in prison in Iraq for three years and severely tortured. He had not been diagnosed with any mental health illnesses (he had not undergone any psychological assessment), but I felt that he might have some trauma-related illnesses and the interview might put him at risk, so I excluded him from participation in the study.

In regard to the settlement workers and mental health care providers, the only criterion they had to meet is that they currently work in Saskatoon since the research is about investigating the effectiveness of mental health services provided to refugees in Saskatoon.

Interview Procedure

Life histories and semi-structured interviews were used to collect data from 10 Iraqi refugees, both male and female. 10 workers from different settlement agencies and four mental

health care providers were asked to take part in one semi-structured interview. Another four settlement workers were asked to participate in one focus group.

For the refugee participants, I conducted 10 audiotaped (life history and semi-structured) interviews, where the shortest interview was about 70 minutes and the longest took about three-and-a-half hours. During the interviews I was able to ask all the life history and semi-structured interview questions in the same session. There was a need to conduct a second interview with one female refugee since I did not have a chance to ask her all of the semi-structured interview questions during our first meeting. Both life history and semi-structured interviews have been used in the data analysis to construct the themes. While the semi-structured interviews were used to explore refugee participant experiences in dealing with the settlement agencies, life history and semi-structured interviews were used to explore the difficulties that refugees experience and the effect of forced displacement on their mental health. For the settlement workers, I conducted 10 audiotaped semi-structured interviews of about 45-60 minutes each. For each participant from the mental health care providers group, four audiotaped semi-structured interviews of 30-45 minutes were conducted.

Since most of the interviews with the refugee participants took place at the University of Saskatchewan, participants had to pay either for the parking lot or for the bus, so \$20.00 cash was offered to each participant to cover their transportation expenses. They received this money at the beginning of the interview and they were informed that they did not have to return this amount of money should they elect to discontinue or not complete the interview process. There were two male participants who refused to take the \$20 stating that they were doing the interview only to help out with the research, even after I insisted that this money was to pay for parking.

Before starting each interview, I read the consent form to each refugee participant. For the settlement workers and the mental health care providers, they preferred to read the consent form themselves. Upon completion of reading the consent form, I gave each participant the time to ask any questions or to raise any concerns about the study. I answered all the questions about the study, its purposes, and the issue of confidentiality, and then asked them to sign the consent form. I emphasized more than once before and during the interviews that participation is voluntary and participants are free to refuse to answer any questions or to withdraw from the study at any time with no consequences. At the end of each interview, all participants were encouraged to speak about anything else that had not been covered and that they considered

important, then they were thanked and debriefed. A list of available resources in the Saskatoon community (e.g., counselling) was given to all refugee participants in case they felt any distress as a result of their participation in this study.

I also confirmed with the participants that they could contact me in case they were not able to use the community resources list or if they need further help in finding support. I confirmed with them that I would make sure that they received the proper support services if needed. However, none of the participants reported emotional distress at any time.

There was one female refugee participant who asked me after the interview to help her to find appropriate support for her son who had experienced different traumatic events during his life in Iraq and in the transition country. She requested a specialist who is able to speak Arabic. I passed this message onto my supervisor who recommended contacting one of the settlement organizations, but we did not receive any response. Fortunately, with the help of my supervisor, we were able to find appropriate help for the participant's son. I provided her with the contact information of the psychiatrist and informed her that I was available to assist with booking the appointment or contacting the clinic, then I left the decision to her and her son about whether to proceed with therapy or not.

Participants were informed that they could have a copy of any document related to the research (e.g., a copy of their personal transcript, a summary of the research results, or any publications of the study) by contacting me and that I would ensure that the requested documents would become available to them. One refugee participant, two settlement workers, and one mental health care provider showed an interest in getting a copy of their personal interview transcripts, and they were provided with their personal transcripts. None of these four participants requested any changes, deletions, or additions to the interviews. Some participants showed an interest in having a copy of the research summary. These summaries will be sent to them once the research is done.

All participants were interviewed individually and in person. All Iraqi refugee participants, except one who was interviewed at one of the settlement agencies, preferred to be interviewed in a meeting room at the University of Saskatchewan. For the settlement workers, the interviews took place in one of the meeting rooms at their settlement agencies, while for the mental health care providers I met them in their offices at their workplace.

Interview Language

Language is an important and critical component in qualitative research (Guba & Lincoln, 1994). It plays a fundamental role in human understanding and provides the structure for understanding and interpretation. Language also allows the researcher to engage in dialogue with the participant and it is the channel through which individuals can understand each other (Gadamer, 1989). Since I share the same language with the Iraqi refugee participants, the interviews were conducted in Arabic. I chose to do the interviews in Arabic in order to put the participants at ease and to ensure they could fully articulate their thoughts and express their emotions. Most refugees were concerned about the language of the interview and they agreed to participate once I told them that the interview would be conducted in Arabic. Only two refugees out of 10 expressed a willingness to speak in English, but their interviews were still done in Arabic. Conducting the interviews in Arabic ensured that all participants who were interested in participating were able to communicate and to narrate their stories successfully. This procedure also helped me, as a researcher, to understand and analyze the participants' life stories in depth. All settlement worker and mental health care provider interviews were conducted in English, even though, for some of them, English was not their first language, but they did not find it challenging to do the interview in English.

A series of demographic questions were asked of the refugee participants at the beginning of each interview and after signing the consent form (see Appendix P). The main goal of asking these questions was to provide a safe environment to begin the interview with questions that are easy to answer and that help me to establish a connection between the participant and myself, which, in turn, makes it easier to start the interview. Some of the demographic questions included how old the adult is, what his/her job is, is he/she married, does he/she have any relatives in Saskatoon, and so on. These demographic questions were only asked of the refugee participants and not the settlement workers or mental health care providers.

Focus Group Procedure

Data from the settlement workers were also generated through the use of a focus group. At the end of each individual interview, I asked the participant about his/her willingness to participate in a 90-minute focus group interview. Most showed an interest and willingness to participate in the focus group. After I finished all the individual interviews, I contacted the settlement workers who showed interest in participating in the focus group and asked about their

willingness to participate. I also asked the participant if he or she might know if any of his or her colleagues who might be interested in participating. There were four participants in this group. Two of them had already participated in the individual interviews, while the other two participants were new. Based on the group's preference, this focus group was held in one of the University of Saskatchewan meeting rooms. The interview lasted about 90 minutes. At the beginning of the interview, participants were given the consent form to read and to sign, and then we discussed the issue of confidentiality. I confirmed that all information from this interview would be kept confidential and no information shared during the interview would be released. However, given the nature of the focus group, I informed them that anonymity could not be completely guaranteed.

Interview Guides

A life history interview was used with the refugee participants, and four different semi-structured interview guides were used: one for refugee participants, one for settlement workers, one with mental health care providers, and one for the settlement workers focus group. Iraqi refugee participants were asked to describe their experiences through storytelling and by including as much detail as they can. During the life history interviews, refugee participants were asked to tell their life stories in their own words, and I communicated that there was no right or wrong way to tell their story. While participants were narrating their life stories, I avoided asking any leading questions. Some participants were not sure how to start or how to narrate their life stories. I assured them that they could start wherever they like. If the participant continued to ask for further clarification, additional information was given. I informed them that they could start narrating their life story by providing a chronological account of their experiences.

During the semi-structured interviews, I asked participants more questions about their life in Iraq during the war, the decision to escape, the escape journey and their life in the transition country, conditions surrounding the choice to resettle, and their early experiences once they arrived in Canada. Questions about the challenges of the pre-migration period, the transition period, and the post-migration period were asked, and specific questions about the psychological challenges they are experiencing and the role of forced displacement in the emergence of these challenges were investigated. I also asked them to describe their expectations, satisfaction about their life in Canada, and their future plans. Another set of questions regarding the effectiveness of the settlement services in general and the mental health services in particular, the degree to

which these services meet and correspond to their needs, and their recommendations for more effective services were also investigated (see Appendices U & V).

In regard to the settlement workers and the mental health care providers, a set of questions regarding the effectiveness of existing mental health services, the appropriateness of their experience and training in dealing with this group of clients, and their recommendations for improving these services was inquired about (see Appendices W, X, & Y).

Field Notes and Personal Journal

During and after each interview, I wrote down my reflections on the interview in brief and included other contextual information I felt was relevant (e.g., location and setting, non-verbal communication, mood, etc.). These observations served as a reminder of my interaction with the participants and provided me with clarifying details to help me during the translation process. Some of this information has been included in this dissertation when clarification was needed, and care has been taken not to reveal any identifying information about the participants.

Previous Experiences in Dealing with Refugees

Sine I come from Jordan, which has a long border with Iraq and hosts a significant number of refugees from Iraq and other neighbouring countries, that has given me the opportunity to deal directly with refugees in general, and Iraqi refugees in particular and I have extensive experience of working with them. This has also informed my work in Saskatoon. Also, speaking the same language as the Iraqi refugees has helped us to understand each other clearly, and helped the refugees narrate their stories and express themselves freely. I also share the same traditions and customs with the refugee participants, which has helped me to be more sensitive when dealing with them and more sensitive while discussing different issues related to their life stories. I felt comfortable doing the interviews with both men and women, since we come from the same cultural background and share the same history. Iraqi refugee participants also felt comfortable talking with me and sharing their experiences. Some participants were hesitant at the beginning of the interviews, but once they started to narrate their life stories they felt more comfortable and opened up. Some felt a sense of relief after the interview and thanked me for giving them the opportunity to talk about their lives and to have someone to listen to them. Some participants were impressed at how open they were during the interview and how they were able to talk freely about their life in Iraq and in Canada. One male participant told me that he shared some information with me that he had never shared with anyone before.

My interviews with the settlement workers and the mental health care providers were relaxed and were done in a quiet and comfortable environment. There was one mental health care provider that I felt was hesitant during the interview and she requested a copy of the interview once it was transcribed. She was concerned about breaching the confidentiality of her clients because, during the interview, she had disclosed the country of origin of some of her clients. We agreed to remove all the information that might breach any of her clients' confidentiality. After I transcribed the interview and made sure to remove all the data that might identify her clients, I sent her a copy of the transcribed interview. She read the document and felt satisfied about the content contained within. She did not request any changes or deletions to be made to the transcript.

Confidentiality and Anonymity

During the recruitment and data collection process, issues related to confidentiality and anonymity were of concern to me. Participants were informed that I would make every effort to respect issues of confidentiality and anonymity. However, since this research is conducted in a small city where the refugee population in general, and the Iraqi refugee population in particular, is small and, also, the service provider population is relatively small, all participants were informed that anonymity cannot be guaranteed.

Participants were informed that only the student researcher and the supervisor will have access to any of the identifying information, and that I would transcribe the audiotaped interviews. I confirmed that their data, in the form of audio files and interview transcripts, would be kept completely confidential. Even though we did report direct quotations from the interviews, all participants were informed that they would be given a pseudonym, and all identifying information (e.g., their names, contact information, etc.) was removed from the report to ensure that their identities are kept confidential. Confidentiality was further extended with additional pseudonyms being assigned to any individuals identified in the interview process.

Ethics Approval

In accordance with the University of Saskatchewan research requirements, an ethics application was submitted to the Behavioural Sciences Ethics Review Board for approval. All information regarding conflict of interest, participant recruitment, informed consent, data storage, and safety precautions taken throughout the study are outlined in more detail in the ethics application. Ethical approval was received on Jan 5th, 2015 (# Beh 14-416). The study did

not involve any deception and there was no harm to the participants during this study. Informed consent was obtained from all participants with a written consent form prior to the first interview. The informed consent indicated that participation was voluntary and participants had the right to withdraw from the study at any time or refuse to answer any questions.

Self-Care Practices

As a researcher in war trauma and the forced displacement field, I acknowledge the significant emotional effect of this type of research. As a result, I prepared myself to manage my personal reactions and emotional engagement with the participants' narratives. The first technique I used was to limit the number of interviews each day to one so that I would have time to debrief and reflect on my emotions. The second technique I used was to share my feelings and emotions with my supervisor (when possible), peer researchers, and a close friend who lives outside of Canada. Finally, I engaged in relaxation activities such as swimming and yoga to create a balance between academic work, family commitments, and my personal life.

Data Transcription

I used a Panasonic digital recorder to record all interviews. After each interview, I saved the file in a safe place and then deleted it from the recorder. Recorded interviews were transcribed as quickly as possible following the interviews to make sure that I still remembered all the related information about the setting, and also so that I could learn from each interview and be more prepared for the next one. This helped me to think about how I asked each question and how to best manage the interview time for the following interviews. I transcribed all the audiotapes myself by typing them directly into Microsoft Word documents. One of the advantages of transcribing all the recorded interviews myself was that I became more familiar with the participant stories and with the data, which made the data analysis process easier. Once data were transcribed, transcripts were sent to the individuals who requested them, and then I asked them to sign a form indicating that the transcripts adequately represented their ideas. No changes were requested in the transcripts.

All data and forms have been stored in a secure cabinet. I have also stored copies of the signed consent forms, the demographic questions, telephone screening scripts, and the transcript release form in a secure place and separately from the master list to avoid any participant identification. The data will be stored for five years after the conclusion of the study, and then all data will be destroyed after this period.

Data Analysis

The interviews have been transcribed to include the dialogue of both the researcher and the participants. Interviews were verbatim and transcribed with an appropriate level of detail, including pauses, conversational break-offs, expressive sounds, and so on. This method of transcription allows for reflection on how narratives are formed and reproduced through social interaction. This process also allowed for the data to reflect participants' experiences. Transcripts were then checked against the tapes for accuracy. Data analysis for all the interviews with refugee participants were conducted in Arabic and they were translated in part if they were cited in the dissertation.

The narratives generated through this process have been analyzed primarily through thematic analysis (Braun & Clarke, 2006). This analytic method has been used for each interview. Thematic analysis is a commonly used qualitative method to detect, report, and investigate data for the meanings produced in and by people, contexts, and events (Braun and Clark, 2006; Patton, 2002; Riessman, 2008). According to Boyatzis (1998), thematic analysis is a process of encoding qualitative data to classify and analyze observations that might lead in turn to report patterns, describe them in rich detail, and to explain a phenomenon. Reading and rereading the interview transcripts and continuously moving back and forth between the raw data, coded extracts, and constructed themes are the main processes of thematic analysis (Braun & Clarke, 2006). According to Braun and Clark (2006), researchers must follow six steps in thematic analysis. In this research I used the step-by-step process outlined by Braun and Clarke (2006) to reveal the themes that participants expressed throughout the interviews. Below is a description of the six steps I followed to analyze the data (Braun & Clarke, 2006).

In the first step, I transcribed the interviews verbatim so I could better comprehend the experience of the participants. I checked the transcripts against the tapes to ensure accuracy. I did multiple readings of all the transcribed interviews in order to familiarize myself with the narrative as a whole (Braun & Clarke, 2006).

The second step is for the researchers to create initial codes to categorize their data into meaningful and consistent groups (Braun & Clarke, 2006). Codes can be defined as "a feature of the data that appears interesting to the analyst, and refer to the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Braun & Clarke, 2006, p. 88). All transcribed interviews were coded manually to

apprehend every element within the transcripts. I tried to keep some of the related data around the codes to make sure that the context wasn't lost. I coded the data excerpts into as many codes as was relevant, even if the same excerpt had been coded under more than one group, and I coded for as many emerging themes as possible regardless of their frequency (Braun & Clarke, 2006). Through the process of careful and detailed reading and re-reading of the interview transcripts and the process of manual coding, I searched for general impressions about the effect of the forced displacement and the situation of the current support services provided to refugees, familiar ideas, shared opinions and differences and contradictions within and between transcribed interviews.

The third step is to organize the codes produced from the previous step into meaningful themes: "A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). These themes were essentially based in the data. At the end of this stage, I had a collection of themes and subthemes, along with all the excerpts that support each theme. I organized each theme along with all the related excerpts in a separated document.

The fourth step is to review the emerging themes. In this stage the researcher should revise the themes, break them down, and remove any themes that are repetitive or without sufficient relevant supporting excerpts. The themes that emerged were evaluated and redefined to ensure internal homogeneity and external heterogeneity, which means that the excerpts within each theme are consistent and explain the theme; while at the same time the themes are different from each other (Braun & Clarke, 2006). In this step I reviewed all coded excerpts entered under each theme and subtheme to make sure that they were coherent with each other, that they reflected the theme appropriately, and to make sure also that they were different from other themes (Braun & Clarke, 2006). Themes with insufficient supporting data were combined with other themes or disregarded (Braun & Clarke, 2006).

In the fifth step, I defined and named each theme in order to identify its significance and to justify what makes it important in relation to my research questions (Braun & Clarke, 2006). I focused on the meaning of each theme and its associated description. For each developing theme I wrote a detailed analysis using the collected excerpts to support the analysis. At this time some new subthemes emerged. Once I completed this phase it was clear what the themes and the subthemes were, what each of them meant, and how they might answer the research questions.

In the sixth and final step, the analysis is presented in a way that convinces the reader of the significance and rationality of the analysis. It is important that the analysis “provides a concise, coherent, logical, non-repetitive and interesting account of the story the data tell—within and across themes” (Braun & Clarke, 2006, p. 93). I included a brief and coherent description of the themes, including excerpts from the participants. The constructed themes were analyzed and will be discussed in detail in the following chapters.

CHAPTER 4

Refugee Participants' Stories

In this section I will give a brief introduction about the refugee participants' lives in Iraq, the transition country, and in Canada. I chose a pseudonym for each of the participants to allow for confidentiality and to protect their privacy. In some instances, where I thought it necessary, I excluded some details of the participants' stories that could make it easy for other people from the community to identify them. This procedure will help to ensure their anonymity and protect their identity. Participant demographic information is detailed in Table A.

As table A below shows, I interviewed 10 Iraqi refugees. There are three males and seven females. One participant is single (Feda), two are widows (Asma and Dalal), one is divorced, (Fawzeyah), and six are married (Marwan, Zaid, Sarah, Noor, Wasef, and Maysa, who was divorced and is now engaged). The ages of the participants range from 28 years old to 55 at the time of the interview. Six out of the 10 participants were living in Syria as their transition country (Marwan, Zaid, Maysa, Wasef, Sarah and Noor), one in Jordan (Feda), and three in Turkey (Fawzeyah, Dalal, and Asma, who lived in Syria for a short time before she was kidnapped in Syria and then fled to Turkey). Eight out of 10 participants have children. Three participants have no education (Fawzeyah, Asma, and Dalal), five have elementary/secondary education (Marwan, Zaid, Maysa, Noor, and Wasef), and two have college/university degrees. (Feda and Sarah). Five out of the 10 participants are unemployed (Wassef, Asma, Sarah, Zaid, and Fawzeyah), and the other five are employed in various types of jobs. Four participants are Muslim Sunnah³ (Marwan, Zaid, Sarah and Dalal), four are Muslim Shia (Feda, Noor, Fawzeyah, and Asma), and two are Christian (Wassef and Maysa). Except for Fawzeyah, who I met at one of the settlement agencies, I met all the participants in one of the University of Saskatchewan meeting rooms. For the settlement workers and the mental health care providers, I also chose a pseudonym for each of them and I met them in their workplace. Tables 2 & 3 show the pseudonyms and gender for each participant from the service provider group.

³ In this document, the term "Sunni" refers to an individual who holds the beliefs of this sect of the Islamic religion, while Sunnah refers to the group of people who belong to this sect.

Table 1: Refugee Participant's Demographics

| Refugee name | Age | Religious affiliation | Gender | Education | Host country | Current occupation | Marital status | Children |
|--------------|-------|-----------------------|--------|----------------------|--------------|--------------------|----------------|----------|
| Marwan | 30-40 | Muslim Sunni | M | Secondary school | Syria | Employed | Married | Yes |
| Fawzeyah | 20-30 | Muslim Shi'ite | F | No education | Turkey | Unemployed | Divorced | No |
| Sarah | 50-60 | Muslim Sunni | F | College education | Syria | Unemployed | Married | Yes |
| Feda | 20-30 | Muslim Shi'ite | F | College education | Jordan | Employed | Single | No |
| Zaid | 30-40 | Muslim Sunni | M | Secondary Education | Syria | Unemployed | Married | Yes |
| Maysa | 40-50 | Christian | F | Elementary education | Syria | Employed | Married | Yes |
| Noor | 40-50 | Muslim Shi'ite | F | Elementary education | Syria | Employed | Married | Yes |
| Dalal | 40-50 | Muslim Sunni | F | No education | Syria | Employed | Widow | Yes |
| Asma | 20-30 | Muslim Shi'ite | F | No education | Turkey | Unemployed | Widow | Yes |
| Wasef | 40-50 | Christian | M | Elementary education | Syria | Unemployed | Married | Yes |

Table 2: Settlement Workers' Pseudonyms

| Name | Ghadah | Rola | Feras | Baha' | Coleen | Dorothy | Azeez | Marissa | Mai | Safeer |
|--------|--------|------|-------|-------|--------|---------|-------|---------|-----|--------|
| Gender | F | F | M | M | F | F | M | F | F | M |

Table 3: Mental Health Care Providers' Pseudonyms

| | | | | |
|--------|-------|------|------|---------|
| Name | David | Rosa | Dana | Kamelea |
| Gender | M | F | F | F |

Marwan's Story

Marwan was my first participant. This interview was conducted in one of the University of Saskatchewan meeting rooms. The main reason that motivated him to participate is that he wanted to discuss the difficulties refugees face, specifically related to work and housing. Marwan is 37 years old. He was born in Bagdad in a middle class family. He is Muslim Sunni. He was married in 2003 and lived with his extended family. Marwan witnessed the different wars that the country has undergone: The Iraqi-Iranian war in 1979, the Gulf war in 1991, and he lived in Iraq during the economic sanctions that were imposed on Iraq by the UN.

Marwan, along with his family members, experienced devastating traumatic events, from witnessing the death of other people to being exposed to life-threatening events himself. He experienced multiple losses in the war: he lost his father, his brother, a number of relatives, and many of his close friends. Marwan shared some of his memories and feelings about the war with me. In 2005, after sectarianism conflict became severe in the country and his father and brother were killed as a result, he decided to move to another country. When I asked him, "What do you mean by sectarianism?" he said, "I mean Sunnah and Shia. You don't know what's happened to the country. Militia groups have emerged, and terrorist groups have spread between people where they've started to kill and to steal." He continued:

We left Iraq when we felt great danger. We decided that that's enough. It's, like, you don't know when you will be killed or who will kill you. You don't know. The situation was really, really bad, so we decided to flee..."

With the help of some of his friends who reside in Syria, he was able to flee there. He fled along with his wife, but his suffering continued because in Syria "there was no work there. We stayed there without work for a long time." By law, refugees were not allowed to work, and if anyone tried to look for work without a work permit they would be abused by the employers and earn very low salaries. Marwan lived with his wife in Syria for two-and-a-half years. They were

getting help from the UN, but it was not enough for him to live on with his wife. In 2007 he decided to send his wife back to Iraq because “it was difficult to live with a family in Syria. It was very difficult to pay the rent, so I sent her back to her family.” He thinks that, “In Syria, life was difficult. Once you arrive, you say to yourself I will not leave, but then--It’s, like--Life in Syria is difficult, very difficult.” When his wife went to Iraq she was pregnant, and after she returned to Iraq, she gave birth to their only daughter. When I asked him why he sent his wife back to Iraq when it was still dangerous, he stated that usually men, and young men specifically, are more targeted in Iraq. Women are less mobile and they rarely leave the home, so they are not targeted and are in less danger.

Not having work was not the only thing making it difficult for him to continue living in Syria. Being abused and discriminated against were other issues he faced. He felt that, in Syria, he was treated like a second-class citizen; because he is a refugee, he was not able to complain about any of the things that he was experiencing.

Marwan then decided to apply to the UN in the hopes of being granted refuge in another country. After about three years, the UN called him and informed him that he had been granted refuge in Canada. After the interviews, he was granted refugee status in Canada and informed that he would travel to Canada soon. At that time, his wife and daughter were living with her family in Iraq. He arrived in Canada in 2010. He was met by two settlement workers upon arrival and underwent the physical check-up. Soon after he arrived, he applied for his wife and daughter to join him and they had interviews in Syria when the war had just started there. Five months later they were able to join him in Canada.

Language difficulties, unemployment, weather, financial struggles, and housing were some of the difficulties that Marwan faced once he arrived in Canada. He moved to other provinces looking for work, but language was and still is a barrier. For Marwan, working and keeping himself busy is an important strategy for coping with the traumatic events and the multiple losses that he experienced in Iraq. He continued, “not working increases your psychological suffering, but if you work this suffering will end. If you stay home you will just think and think, then you will suffer more because of that [*inhales deeply*].”

From his perspective, his previous life had affected him negatively. He tried to not say it directly, but he was looking for mental health support and help. He had a problem with his family doctor who refused to refer him, assuming that a clinician would not be able to help, but

after asking many times the doctor finally agreed to refer him to a psychiatrist. The psychiatrist's office called him twice, but he ended up not going to the appointment because "they asked me to bring an interpreter. I had to go with an interpreter and I can't talk while an interpreter is with me... Like, I couldn't talk to anyone and ask him or her to come with me and something like that." Trying to bring an interpreter through one of the settlement agencies was of concern also because the interpreter might be from the same community; "Yeah. To be honest, I didn't find anyone that I could trust. Like, in this case, like... like, he might look at me differently after a while."

Marwan is now working in a cleaning job. He looks at his future from his daughter's eyes. For him, his main concern is to secure a good life for his daughter and to keep her safe from undergoing the same experiences that he and his wife had been through. He is still afraid and concerned about his family back in Iraq, but he succeeded in helping his two brothers to come to Canada and now he is trying to bring his other brother and sister.

Fawzeyah's Story

Fawzeyah was the second participant in this study. She was referred to me by one of the settlement workers after she saw the poster announced in that settlement agency. Fawzeyah was the only one who felt okay about conducting the interview at one of the settlement agencies. For her, the main reason that she wanted to participate is to share her story with someone, hoping that this might make her feel better. Fawzeyah is a 28-year-old female. She is Muslim Shi'ite. Her father died when her mother was pregnant with her, and then her mother died from cancer when Fawzeyah was 6 years old. This was the first traumatic loss that she experienced early in her life. She does not have any brothers or sisters. Her life after the death of her mother is tragic: "You know how the child might feel without a mom. Life without my mother is suffering. No one can do what your mother can do for you."

After the death of her mother, she moved to her aunt's house where her uncle sexually abused her. She stayed with them until she was forced to marry at 12 years old. She married one of her uncle's sons in 1999 and lived with the extended family. She stayed with them until 2003 when they were forced to leave Iraq after the collapse of Hussein's regime. She said:

Life was safe before the collapse of Hussein's regime. We were able to go out at the midnight and it was safe. But after that, there were killings in the streets, stealing, kidnapping -- anything was possible.

After that, she and her husband and his family fled to Jordan where she was not allowed to leave the house and her mother-in-law was “very difficult to deal with. She was hitting me and mistreating me all the time. I suffered a lot there. My main problem was my mother-in-law; she wasn’t treating me well. She just didn’t like me, but I tolerated all of that. I didn’t leave them.”

Her husband was trafficking goods between two countries in the Middle East. During one of his missions the police arrested him and he was placed in prison for a year and a half. She disclosed that, while he was in prison, he was exposed to different types of torture and mistreatment, which affected his mental health. She revealed that, after he left the prison and as a result of the torture, he was not normal, and she believes that he had some mental issues. His family tried to seek mental health treatment for him in Jordan, but nothing worked for him. Her husband started to abuse her and to torture her, in addition to the abuse and mistreatment that she was receiving from his mother. Fawzeyah disclosed that she tolerated his mistreatment and torture for around four years until one of her brothers-in-law advised her to get divorced and to return to Iraq. They said that they could not prevent him from abusing her and could not help her. Despite the disapproval of her mother-in-law, her oldest brother-in-law helped her to get all the required papers to prove that her husband was mentally unfit in order to support her divorce request in court.

In 2010 Fawzeyah returned to Iraq and sent the paperwork to the court asking for a divorce, which was granted one-and-a-half months later. She returned to her aunt’s house at the end of 2010 and stayed with them for around two-and-a-half years. While she lived there, her aunt’s husband started sexually abusing her again. She said, “I have been hurt a lot at my aunt’s home. Her husband was putting pressure on me to have a relationship with him and with his friends.” Once her aunt knew about the situation, she blamed Fawzeyah for what was happening and asked her to leave the house, assuming that she was the one who wanted to have a relationship with her husband. She continued, “Even though I told her many times that her husband is harassing me, she never believed me.” Fawzeyah moved to her grandpa’s house, but she was not accepted and she was treated badly by the women there. In the end she was told to leave or be beaten.

With no education, no work, no place to live, no family members to support her, and with the war and the militia conflicts in the country and at risk of being kidnapped, Fawzeyah decided to flee the country. She left for Turkey in 2013 and lived there for 13 months. She worked at

many jobs, including cleaner, waiter, and cooker. She was able to learn the language, make friends, and adjust quickly to Turkish culture since it has many of the same traditions and culture as in Iraq.

During her residency in Turkey, Fawzeyah applied to the UN and then she received a call for an interview. After several interviews she was granted refuge in Canada. She entered Canada in July 2014. Once she arrived, issues like housing, language, unemployment, and financial strains were the most prevalent barriers that she experienced, in addition to feeling lonely and having no support. Her high expectations about life in Canada and what she found caused her a lot of frustration. She expected life in Canada to be easy, but she has found it to be very difficult, especially since she is not able to speak much English. Her low English proficiency led her to cancel many of her medical appointments because she was asked to bring an interpreter with her and she could not afford to pay for an interpreter. She also experienced many conflicts with her settlement worker because of housing issues. She was forced by her settlement worker to share a house with another person, and there was some conflict between the two roommates. This incident, along with others, affected her perspective at the beginning of her life in Canada and caused her to feel frustrated, depressed, and lonely. She stated that she feels lonely, has no future in this country, and expressed a wish to return to Turkey because she was able to adjust more quickly and she was able to support herself there. At the time of the interview she had started to take courses to learn English and she was actively looking for work.

Sarah's Story

Sarah is a 55-year-old female refugee. While she is Muslim Sunni, her husband is Muslim Shi'ite. She was born in Bagdad and raised in an upper middle class family. Her dad was a professor at one of the universities in Iraq, and most of her brothers are well-educated. They were living in Iraq until the start of the war when her father applied for work in Algeria and went to live there. At that time, she was married and she stayed in Iraq with her husband and children because her husband did not want to leave his successful business behind. They were living peacefully until the collapse of the Hussein's regime and the emergence of some of the militias who started to kidnap people looking for money or because of their religious affiliation.

Sarah was living in a town where most of the people there were Sunni, and because her husband is Muslim Shi'ite they were forced to leave their home. In the beginning, her husband said he would prefer to die in his home rather than leave it, but after all of the family begged him

to leave they left to settle in another town in Bagdad that has a Shia majority in it. Sarah disclosed how attached she was to her home. She kept visiting it secretly until one of her friends who lived there warned her to stay away because of how dangerous and risky it was to keep returning. She continued to visit and take care of her home secretly until she was told about the death of an old woman who, like her, had returned to visit her home. After this incident, she never visited her home again.

Sarah explained how people were living in peace regardless of their religious affiliation, and even mixed marriages were normal. “We were living in peace all together, Sunni and Shi’ite. I never saw any problem in my neighbourhood because of religious background. Marriages were happening all the time between people from both groups. I, myself, am from one group and my husband is from the other. All of us have the same beliefs and it doesn’t make a difference. It never mattered until some extremist came and led us to what we are experiencing now.”

Because Sarah’s husband was running a successful business and came from a wealthy family, he continued to receive many threats from the militias. His partners and his brother were kidnapped and tortured to force him to pay ransom. These threats continued and became more frequent, but they were trying to tolerate the situation, assuming that it would not continue and their previous life would resume soon. Things went on like this until Sarah’s daughter had a close call. She was on her way to the university with another three girls in a taxi when a sniper bombed their car and her best friend died in front of her. After this incident, they decided that that’s enough, that life in Iraq is not tolerable and they needed to flee.

In 2007, Sarah and her family fled to Syria. She described her life in Syria as safe. Even though her husband was not allowed to work, they were still relying on their business that was being kept running in Iraq under the supervision of his partners. They did not face any difficulties during their life in Syria. At that time, her parents were in Canada and applied to sponsor them and bring them to Canada, and they received acceptance under the “group five” which means that five people from Canada who could prove that they are financially able to take care of this family for the first year can apply for them. They lived in Syria for two years until they moved to Canada in 2009.

For Sarah, the most difficult thing while living in Syria was the uncertainty about their future and when they would get a response from the UN. She described the period of waiting for the decision: “Yeah, this period of waiting for the UN decision was so difficult for us. You don’t

know what will happen to you. You don't know where you belong or what will happen next. My daughters were without school.”

Sarah and her husband are well-educated in addition to being fluent in English. The main issue they encountered once they arrived in Canada was recognition of their certification and the need for Canadian work experience. Once they arrived, they faced some difficulties finding work, and one of the challenges was the long process of having their certification recognized. They worked as volunteers for more than three years before her husband did some exams related to his certificate and found a job, but with a very low salary, and Sarah is still working as a volunteer with one of the settlement agencies. Like with other privately sponsored refugees, the settlement agencies do not play a significant role in their settlement and most of the work and responsibility is shouldered by those who have sponsored them. Sarah's parents recently travelled back to Iraq because they said they wished to die and be buried there. Sarah also stated that she does not feel that she belongs in Canada and, at one point, she will travel back to Iraq to connect with her roots and heritage. She expressed the opinion that families are torn apart when they live separated.

Sarah has three children, and all of them have been through many traumatic experiences. The oldest was not able to live a normal life, and her mental condition worsened until they had to refer her to a psychiatrist. After several sessions she was able to return to her normal life. Sarah believes that she needs help too, but there are other issues that have priority in her life now, so she does not think she will be able to go and seek help at the moment. Prayers and Dua'a⁴ are primarily how she deals with any stressors she faces. She avoids asking for help or sharing her problems with anyone. She believes that people have their own issues to deal with and she does not want to burden the people she loves by sharing her stress with them. Being a refugee, from her perspective, is not a good thing, and feelings of powerlessness and vulnerability have emerged because she was forced to leave. Sarah stated that she feels frustrated and disappointed because, even after five years of living in Canada, they are not able to live at the same level they were used to in Iraq or even Syria. She disclosed that the main cause of her frustration is that people at their age and with their qualifications are so much further ahead in planning for the future. She stated that, in the meantime, they are trying to look for other opportunities in other countries where their qualifications would be recognized and appreciated.

⁴ An Arabic word written in English that means supplication.

Feda's Story

Feda is the fourth participant. She was informed about the study by one of the community members. The interview took place in one of the University of Saskatchewan meeting rooms. Feda is a 28-year-old female, and she is the youngest participant I interviewed. She is single and Muslim Shi'ite. She lives with her parents. Feda spent her childhood in Iraq. At the start of the gulf war in 1991, her family left for Turkey. Because he refused to join the Ba'ath party, her father was forced to leave the country or be killed. They left Iraq in 1998 when she was 14 years old, and they lived in Jordan until they were granted refugee status in 2011. Feda, along with her family, were living a good life in Jordan. She had graduated from a Jordanian university and then worked with one of the non-profit organizations dealing with Iraqi refugees. Feda described her life in Jordan as being safe and secure, and she was able to form a lot of friendships.

In 2007, assuming that, with the collapse of Hussein's regime, it would be safe again, her brother and his wife decided to go back to Iraq to live in their house. Her father decided to join her brother at the beginning, but once her brother arrived he was kidnapped by one of the militia groups who asked for ransom, which forced her father to sell their house there and to pay the ransom for them. After this incident, her father decided to leave everything behind and to never return. Feda described the period when her brother was kidnapped:

It was a difficult time for all of us. My mom developed thyroid disease, and my father developed a problem with his hand after being beaten by the militia. We all were stressed until my father was able to sell the house and secure money to pay the ransom. We lost the hope of my brother coming back, and we started to say that a member of our family would be missed forever. My mother was wailing and crying all the time.... for one month, for a whole month we were living with so much stress.

Even though she described her life in Jordan as stable and safe, she shared how being a refugee prevented her from having some of the basic rights as citizens such as not being allowed to get scholarships even though she had outstanding grades, and the disappointment and frustration this caused. The only thing that forced them to leave the transition country and seek refuge is that their residency there was temporary, so they pursued their refugee application and applied again in 2007; it took them four years to get their application processed.

In 2011, Feda and her family arrived in Canada. Like other participants have stated, she had high expectations about what life in Canada would look like and she experienced a lot of

frustration when the reality did not live up to her expectations. It was an especially difficult transition since, for the last year living in Jordan; they were accustomed to a luxurious life compared to their life in Canada. In Canada, she feels stress and disappointment about her living conditions, language difficulties, and the discrimination and racism she experienced at the language school. She stated that she always feels like an outsider who does not belong. When she was emotionally abused by her English instructor, she was hesitant to go and seek help assuming that, as a refugee, she does not have the right to complain. From her perspective, being a refugee means: “A refugee is a person who can’t return to his country. He doesn’t have any support. He is a person without country.”

As a result of coming from a Middle Eastern culture, Feda faces many conflicts with her family (that she was hesitant to talk about, but that were mentioned generally), her memories from the war, fleeing her country, leaving her relatives and friends, and feeling lonely with no support. These conflicts affect her current life, and she revealed that she is always trying to isolate herself and she sleeps a lot to avoid dealing with these conflicts. When I asked her if she has sought help, she answered that she did not want to lose the trust of her family by sharing confidential issues with people from outside the family. Prayers and worships are the two strategies that she uses most to deal with her issues. Feda confirmed many times during the interview that she would like to go back to Jordan because she has a lot of friends and a good support network there. As an educated female, she did not face a great barrier to learning English and she was able to find work in Saskatoon fairly quickly. The future for her is ambiguous, but, at the time of the interview, she confirmed that starting a family is an important next step for her.

Zaid’s Story

Zaid is my fifth participant. Zaid was referred to me by one of the community members. This interview was conducted in one of the University of Saskatchewan meeting rooms. Zaid is a 35-year-old male Iraqi refugee. He was born in 1980. He is Muslim Sunni. He received his primary education in Bagdad and left school after he finished grade eight and started his first job selling plastic bags on the street. At age 16, he found a work at a graphic design company and he continued to work there until 2003.

Zaid got married in 2002 and he stated that they were living quite a good life until the start of the war. As a result of the war and sectarianism, he decided to flee to one of the neighbouring countries. His family was torn apart and they were forced to leave their two houses

that they owned and rent a home in another area. During his life in Iraq, Zaid experienced a wide range of traumatic experiences such as the killing of his two brothers, the deaths of many close friends, direct threat of death, being arrested by the US army, living under continuous threat of bombing and shelling, in addition to witnessing the death of other people around him. He left his wife and two children behind. He was visiting Iraq every few weeks, but, after the death of his father and his brother (who had four children), his visits to Iraq became less frequent. In 2006, another two of his brothers were killed in Iraq by one of the militia groups.

In 2007, Zaid's wife delivered their third child. Due to complications during the delivery, his wife and his daughter were in critical health condition and he was asked to come home quickly. While traveling from Syria to Iraq, Zaid had to stop at one of the checkpoints and was asked for his identity. He related, "At that time, killing was based on ID, which means a soldier might kill me if I am Sunni or Shi'ite, depending on the affiliation of the soldier himself and if he is Sunni or Shi'ite." After prolonged discussion, Zaid refused to reveal his identity, then he was taken by the soldiers to a small room to prepare for his execution, but one of the people who was traveling with him intervened and saved his life. Zaid said, "When I returned home, I collapsed, and the next day I fled to Syria and never came back" This incident was a turning point in Zaid's life; since it signified a serious threaten to his life. That was the last time he entered Iraq; he travelled to Syria with his wife and children and never went back.

The main difficulties that Zaid encountered during his life in Syria was not being allowed to work, economic strains, difficulties finding housing, and being abused by his landlord and employers because he is a refugee. He was deprived of worker rights; for example, if he was sick, he was not able to take a sick day because, in order for he and his family to eat, he was reliant on pay from the day of work ahead of him. Additional stressors included feeling lonely, missing his family in Iraq, and the long wait time for the refugee application to be processed.

In 2011, Zaid was granted refuge in Canada. He stated that moving to Canada was a dream come true after all the suffering that he faced in Iraq and the transition country. During the first two years of being in Canada, he worked at one of the dyeing companies, but, due to a knee injury, he had to quit. In 2013 he decided to take English courses at one of the language centers in order to secure some resources to pay for rent and other life expenses. Zaid described his first few months in Canada as the honeymoon period; after that, things started to become difficult for him. Some of the main challenges that added to his suffering in Canada are having high

expectations about the quality of life he would have and the difficulties adjusting to the reality, language barriers, a lack of information about his rights, which made him vulnerable to abuse. He has felt disrespected by his settlement worker; for example, he was forced to live in a bedbug-infested, small apartment with his wife and four children for one year and seven months, and he was told that he was not allowed to rent a home as a refugee.

Zaid experienced discrimination in the workforce in the form of not being given a salary equal to other Canadian workers who have less experience than him. Being away from his family when his mother passed away was a traumatic experience. Zaid could not attend her funeral because he was warned by one of the militia groups that, if he entered the country, he would be killed; other family members also warned him against attending, saying it was too dangerous to come to Iraq. Even years later, Zaid still has mixed feelings about leaving his family behind; he experiences feelings of guilt, helplessness, and powerlessness because he cannot help the rest of his family who are still living under fire. He described his family as a tree in the autumn, where its leaves are falling, one after the other.

Zaid stated that he, along with his wife, need mental health help. Sometimes they feel stressed and depressed as a result of being away from their families, and they are constantly worried about their families' safety back in Iraq. Zaid has not sought mental health support though because of the shame and stigma attached to mental health problems and the fear of someone from the community finding out about his problems. He revealed that there is a need to do an initial mental health assessment for each refugee who enters the country to identify any urgent needs and provide help before it is too late.

Some of the main recommendations that he suggested are to provide more information to refugees before they arrive in Canada about life here and what to expect, to do more psychological assessments for newly arrived refugees to identify their psychological needs, and to help refugees find good housing and jobs. Zaid now continues to take English courses because he believes that improving his language skills will help him find a good job, and he hopes to be able to provide a better future for his children.

Maysa's Story

Maysa is a 40-year-old Christian female. She is the youngest of three sisters. Her mother died when they were very young and her dad refused to remarry, so he was the one who raised them. However, after a few years he was forced by his sisters to remarry in order to get help to

raise his daughters. Maysa described her relationship with her stepmother as good, not ideal, but, as with any relationship between a mother and her child, they sometimes fight and disagree.

At the age of 21, Maysa married and, after living with an abusive husband for about five years, she divorced in 2003. She tried to get help from the community and her family, but the situation worsened and she continued to be emotionally and physically abused. After she got divorced, she moved back to her father and stepmother's home, and her stepmother passed away in 2003.

Maysa has a very strong relationship with her father and her two sisters. Her father worked as a guard for one of the churches in her town. She described her life as quiet and stable until one day in 2005 the church where her father worked was attacked by one of the militias and her father killed one of the attackers as he was defending the church. Even though he was doing his job, because of the chaos and the absence of law, her father was sentenced to jail for 15 years because of the death. Regardless of all the risk and danger, Maysa kept visiting her father until he passed away two-and-a-half years after being sentenced. This incident was a turning point in her life and had a very negative effect on her because of the oppression she felt. Maysa realized, after the death of her father and witnessing the chaos that the country was in, that she had nothing to live for in Iraq, so she decided to leave, especially since her two sisters had left Iraq a long time before her. She realized that it was dangerous for her to stay in Iraq, especially since she is a Christian female, a single mother, and has no relatives to support her. Maysa shared with me many of the traumatic experiences that she witnessed during the war. Now, she wonders how she was able to survive and tolerate all of the horror and fear.

Maysa entered Syria with her daughter in 2007 and applied for refuge from there. She lived with one of her relatives in one of the cities for around two years. Even though she faced many difficulties in the transition country (mainly around securing basic needs, not being allowed to work, and difficulties getting her residency papers), she described her life there as safe and good. Her application to move to a European country was accepted after several interviews, and then she explained to the UN employer that her sister is living in Canada and it would be easier to join her, so her application to come to Canada was accepted in 2011.

Maysa lived with her sister when she arrived. Her high expectations about life in Canada caused her a lot of frustration and depression once she realized how different her expectations are from the reality. She stated that life here was difficult for her, especially since she has no

language proficiency and no education. Her main concern was around finances and how she will support her daughter. Maysa stated that being unaware of her rights in addition to language difficulties has caused her to be abused many times during the first period of her life in Canada.

A few months after her arrival in Canada, she started to work for a cleaning company, essentially because she would not need to communicate in English. In 2013, she married a man that she met during her life in Syria. She had her first son in 2014. Even though her husband has a degree in engineering, he also works as a cleaner because he is not able to use his degree to find a job in his field. Maysa described her second marriage as stable and happy. She is taking English classes and got her driver's license.

Again, like with Sarah, Maysa avoids sharing her problems with people around her because she does not want to add to their stress or to upset them. She described herself as very optimistic and trying to spread happiness to the people around her. Doing social work and helping refugees either in Canada or in Syria is a strategy that she uses to find comfort and to give meaning to her life. Contrary to other privately sponsored participants; the role of the settlement agencies and the local community was significant in helping her to adjust to life in Canada.

Maysa is the only participant that I felt was well adjusted to life in Canada. I believe one of the reasons for this might be because she has no relatives to worry about in Iraq. Her future and her family's future is in Canada, and I think her strong religious beliefs have also assisted in her adjustment. She is the only participant who has a positive feeling toward the word "refugee"; from her perspective, refugee signifies the chance to live a better life.

Maysa does a lot of volunteer work, and her religious beliefs help her accept all the hardships that she has been through as God's will. She believes there is a reason for everything that has happened to her. She continued to confirm throughout the interview that God was the one who helped her to survive and who gave her strength. She considers all the previous difficulties she had undergone as a way of giving her strength, not making her weak. Despite the occasional conflicts with her 15-year-old daughter who wants to live a more Western lifestyle, Maysa still feels happy and settled with her family. She stated that, as long as she believes that God is beside her and as long as she learns something new everyday, she will never fear tomorrow.

Noor's Story

Noor is a 45-year-old woman and a mother of five children. She came from a lower class family with Muslim Shi'ite affiliation. She has four brother and three sisters. During her childhood, her father worked in the army. Her father was physically and psychologically abusive to the entire family. She left school at the age of 13 to take care of her mother, who had to be in the hospital. She quickly regretted quitting school and tried to return, but the school principal refused to give her another chance.

To flee from her abusive father, Noor accepted an engagement at the age of 15 from the first man who expressed an interest in her. Unfortunately, her husband and his family were abusive too. She tolerated their emotional and physical abuse for 10 years.

Noor lived in Iraq during all the wars that happened there. During her life in Iraq, she experienced many traumatic events every day as a result of war; bombing, shelling, and being shot were some of the many experiences Noor remembers. One of the unforgettable traumas she endured was when both her son and her husband were targeted by one of the militias and exposed to death, and both were severely injured. Her oldest son witnessed the death of his friends and was exposed to death himself. Economic hardship and shortages in food and clean water as a result of the war and sanctions, in addition of having a special needs child, were some of the many other difficulties that she faced during her life in Iraq. Noor stated that, because of the war and the weapons used, one of her children has multiple disabilities and required multiple surgeries to save his life.

In 2004, her husband fled to Syria after his life was threatened because of his religious affiliation, and Noor was able to join him in 2005. In Syria, her husband was not allowed to work and they were getting aid from the UN. Even though their economic situation was below the poverty line, Noor and her family were living in peace and safety in Syria. In 2008, her husband received a call from his family in Iraq asking him to come home to deal with an urgent matter. At this time, Noor was pregnant with her fifth child. Her husband went missing in Iraq for three years and no one knows what happened to him. She did not hear anything about him, if he is still alive or dead.

After one-and-a-half years of living alone in Syria and being the head of a five-children household, Noor was granted refuge in Canada so she could get the required surgeries for her son. In the beginning, she was confused and uncertain about traveling to a new place by herself

with five children. After considering her situation, she decided to take the risk and move to Canada to help her son get the medical help he needs and that was unavailable in Syria or Iraq.

Once they arrived in Canada, Noor faced many challenges. Some were related to the language barrier and difficulties understanding the system, and other challenges were because of her religious affiliation. Once she arrived, she tried to connect with people from the Iraqi community, but this caused her many problems and conflicts because of her religious affiliation. The conflict even affected her relationship with her settlement worker, an Iraqi of a different religious background. Being the single mother of five children and living in a very different culture, as well as experiencing many conflicts with people from her community, added a huge burden to her shoulders and caused her to try to isolate herself from the community to avoid trouble.

Noor works in cleaning jobs and explained how discrimination and racism has had a very negative effect on her and her children's lives. She stated that her daughter experienced racism at school from classmates and teachers, and this forced her to change schools many times and negatively affected her performance at school. Noor described how she experienced discriminatory and racist behaviour at work and was treated poorly by her supervisor. She believes she was treated poorly because she is easily recognizable as an outsider due to the way she looks and dresses. To deal with all her stressors past and present, Noor described how reciting the Holy Qur'an, Dua'a, and prayers were the only things that calmed her down during the shelling and bombing, and she continues to rely on her faith to help her cope in Canada. From her perspective, any difficulties she experiences are God's will.

After one year, her husband was located in one of the Iraqi prisons where he was severely tortured before he was released. Once her husband was released, Noor applied for him and he joined them in Canada in the middle of 2012. The presence of her husband did not add a lot to her life; from her perspective, he is the father of her children and his presence helps her to go to work without worrying about who will look after them.

Noor was one of the participants who declared clearly that she is in need of mental health help, along with her two sons who have also been traumatized and still have not recovered. She shared many incidents where her oldest son disclosed to her that he is still having flashbacks of traumatic events he experienced in Iraq. The ongoing effects of the trauma affect his school performance and even his relationships with other people. Once she arrived in Canada, Noor was

actively looking for help, but she did not know whom to ask or where to go. She tried seeking help through her settlement worker and family doctor, but neither were able to help her. At the time of the interview, Noor had still not found help for herself or her sons, partly due to the fact of the language barrier and preferring seeing a clinician who speaks the same language.

Dalal's Story

Dalal is a 45-year-old woman. She is Muslim Sunni. She described her childhood as very beautiful. She has a strong relationship with her parents and siblings. Because she had to take care of her youngest siblings, Dalal did not get the chance to go to school, a normal situation in her culture at that time. She was married at the age of 15 to one of her family relatives, who was 16 years older than her and who was widowed with a young son. She described her relationship with her husband as being very strong.

During the Gulf war in 1991, her husband, who was working for the Iraqi army at that time, was killed during one of the American attacks and her house was bombed. Dalal shared accounts of many of the traumatic losses that she endured, such as the death of her husband and how she was not able to recognize him because his body was so burned. Another loss she experienced was of her best friend and neighbour, who she was chatting with just moments before the bombs hit their houses. She related how she fled the shelling, stepping on dead bodies to get away, not aware if it was her son she was holding or not. Along with her two-year-old boy and her unborn daughter, she fled from her house and was placed in a camp at the Iraqi–Iranian border. In that camp, Dalal described how women and children were kidnapped and how women were sexually abused. When the situation became dangerous, the UN moved the women and children from that camp and placed them in another camp in Turkey.

Life in Turkey was safe, even though she was not able to find work or get help from the UN. She stated that the Iraqi community in Turkey, as well as the Turkish people, were very supportive to herself and to other single women. She lived with one of the Iraqi families who supported and helped her until they were granted refuge in Europe. From there, she moved from the camp to settle in one of the cities. For six whole years, Dalal was not able to contact her family and they did not know if she was dead or alive. She was finally able to contact them through one of her friends who travelled to the same city where her family was living.

Dalal was granted refugee status in more than one country, but she always refused to go because she was hoping to rejoin her family. However, the situation in Iraq worsened and people

around her finally convinced her to accept one of the offers that she was given. She ended up in Canada after waiting for one year.

Dalal arrived in Canada in 2009 with her two children. She described how she felt upset and disappointed once she arrived because what she found was different than what she imagined. Being a single mother with no language proficiency and no education was a substantial barrier to her integration and adaptation process. One of the main challenges that Dalal has faced as well is continuous conflict with her son. She stated that she would like her children to grow up following the traditions and customs of Iraqi culture, but her children, especially her 15-year-old son, is intent on living the Canadian lifestyle. This conflict affects her life and has led to her son leaving home several times and becoming involved in gangs and illegal behaviour. Dalal stated that her son is in need of mental health treatment as a result of the death of his father and witnessing many traumatic events before they managed to flee Iraq, in addition to the different difficulties they faced in Turkey and in Canada and the confusion of moving to a new culture.

Dalal's son was arrested in 2013, and in collaboration with her son's school and one of the settlement agencies, her son was placed in one of the mental health facilities. After two years and based on his wishes, her son was released from this mental health facility. Dalal stated that his behaviour has worsened, and, because of the danger to her and her daughter, she wants to have him placed in the same facility again. Due to the long wait lists, shortages in services, and a lack of available mental health professionals, they refuse to place him in the facility again. She reported that, in the meantime, her son has joined a gang, is taking drugs, and has quit school. Dalal reported that her conflict with her son is negatively affecting her life; they have sought help from different places, including within the community, but no one has been able to help.

Asma's Story

Asma is a 29-year-old female. She is a Muslim Shi'ite. She has one sister and two brothers, but she does not have a good relationship with them. Asma described her childhood as beautiful and safe. Asma's suffering started after she was forced to marry one of her relatives at the age of 12. She experienced many traumatic events in her life as a result of living under fire such as witnessing the death of other people, shelling, and bombing. However, the most traumatic loss in her life was the death of her husband due to a car accident. She stated that she does not like to talk about the accident because it causes her pain, so I avoided asking any questions regarding this incident. After the death of her husband, Asma was physically and

emotionally abused by her in-laws. Because her in-laws were afraid that she would marry outside the family and her daughter would be raised by a stranger, they were trying to force her to marry her brother-in-law. They threatened that if she did not marry her brother-in-law, they would keep her daughter and kick her out of the family home. Marrying her brother-in-law or being separated from her daughter were both unacceptable to her, so she decided to flee.

Asma left her home and fled to another city in Iraq. Then, when the situation became worse because of the militias and the fact that she is a single mother, she decided to flee. With the help of her aunt, she fled to Syria. Even though the war in Syria had started at that time, Asma was able to survive with her daughter and to find work in a beauty salon. However, one day, she and her daughter were kidnapped by one of the militias in Syria because of her religious affiliation and because they wanted information from her. During the interview, Asma stated that there were many things that happened during the three days that she was kidnapped, but she did not want to talk about these events, so I did not ask for details. After she told them her story and begged them to release her, Asma was released and immediately fled to Turkey.

In Turkey, Asma stated that she experienced economic hardship because she was not able to work. In addition to the language difficulties, she also has epilepsy and a critical heart disease. As a consequence of these difficulties, she decided to seek refuge in another country. She applied to one of the Western countries, but her application was refused. When she found out it had been refused, she tried to commit suicide, but luckily she was helped by acquaintances. She then applied again and was accepted by Canada; after around two years she finally moved to Canada.

Asma came to Canada in 2014 with her 6-year-old daughter. Like Dalal and other participants, Asma stated that her high expectations about the quality of life in Canada and the reality of the situation caused her a lot of frustration and stress. Language, unemployment, and economic hardship, in addition to her serious physical illnesses, are some of the barriers that affect Asma's life and keep her worried and nervous all the time. Even though she is far away from Iraq and the transition country where she was kidnapped, Asma stated that she still experiences fear because of what happened to her. The fear affects her life and causes her a lot of stress. She wants to forget her previous life and to start a new life, but she cannot manage to forget. In the transition country, Asma was diagnosed with a mental health disorder that she has been taking medication for, but she could not remember the name of the illness. She stated that she had informed her family doctor about her mental illness and told him that she needs further

support, but at the time of the interview she still had not had any help in regard to that. In addition to these troubles, she has been trying to isolate herself from her ethnic community and avoid its members because of the fear of the effect of her religious affiliation and the problems that this might cause, which leads her to feel lonely and without any support.

Asma stated that she feels lonely, upset, uncertain about the future, and she wonders how she will support her daughter without being able to work. She also worries about the mental and physical illnesses that complicate her life. She expressed great concern about the future of her daughter and what will happen to her in this strange, new country, if Asma, due to her physical illnesses, passes away. Asma would love to be able to have the support of her mother or any of her family members in this new place, and she suggested that single mothers should have additional and special care, due to their additional responsibilities, to facilitate their settlement.

Wasef's Story

Wasef is my last participant. He is a 45-year-old male. He is Christian, and has five brothers and three sisters. His father has a disability that led Wasef and his brothers to leave school early to support their family. He served in the army from 1983 until 1991. In 1994 he got married and his work included jobs like plumbing and being a taxi driver. After the collapse of Hussein's regime, Wasef worked as a guard in one of the non-profit foreign organizations in Iraq. During work, he received a call that he would have to quit working in this organization because it is a foreign organization. After a year-and-a-half of receiving threats, he decided to leave his job.

As a Christian, Wasef also shared how they were receiving threats to leave Iraq or he or his children would be killed. He shared how life for him and his family was very difficult after the emergence of the different militia groups and how oppressive their life was there. He shared some of the many traumatic experiences that happened to him during his life in Iraq. Expecting death and being kidnapped or arrested for no reason were normal things in his everyday life in Iraq. Wasef and his family were very attached to their country and agreed to accept the risk of staying there until his brother was killed in front of a supermarket. At that point, he made the decision to flee Iraq. He and his brothers, but not his parents who refused to leave, started to look for a place to flee to.

In 2010, Wasef fled to Syria and was received by his in-laws and lived with them until they were granted refuge in Canada. Even though Wasef disclosed that he felt like an outsider in

Syria and that he was not given the same rights and privileges as citizens, he described his life there as safe and quiet.

After one year of living in Syria, the war in Syria began, which caused him to live in fear, especially when his wife miraculously survived after being targeted by one of the snipers there. The main difficulties that he faced during his life in Syria were uncertainty about his and his family's future, and how long he would have to wait to leave. Wasef applied to the UN and was granted refuge in one of the Western countries. Since his in-laws were living in Canada, they wanted to join them, so they arranged to be sponsored by their church. Wasef arrived in Canada in 2013.

Their first few weeks were very difficult. Wasef was uncertain about how they would survive and how they would learn the system, especially not speaking English and not knowing how things operate. Being privately sponsored, he was not allowed financial help from the government until finishing his first year of residency in Canada, in addition to not being allowed to work because of his serious physical illness (critical heart disease), which added to the financial hardship that they experienced. He had to rely mainly on social welfare to survive. With Wasef, the settlement agencies did not have a significant role because, being privately sponsored, he had to rely mainly on his sponsor for required services, at least for the first year.

The main concern now for Wasef is his parents' safety. He disclosed his feelings of guilt because he left his parents back home. He expressed his wishes to meet with them again or be able to bring them to Canada, but as a refugee he is not allowed to even visit Iraq. Additionally, it is not safe to visit and his parents are not able to leave Iraq because of their physical disabilities.

Even with the help and support provided by his in-laws, Wasef stated that he feels lonely and has no friends with whom he can share his stress. The main coping strategy that he uses is to go for a walk. These conditions have left Wasef feeling helpless, powerless, and frustrated. With all of the stress and with his physical illness, Wasef has disclosed that he has no hope and no plans for the future. For him, his life is over and he is just waiting for death. When I asked him if he would be willing to seek professional help, Wasef stated that he does not believe that a clinician could help him. From his perspective, a person should doctor himself.

CHAPTER 5

Difficulties During Different Migration Stages

Unlike survivors of isolated incidents of traumatic events, survivors of war trauma usually experience various traumatic events that accumulate over time (Van der Kolk & McFarlane, 2012). The literature tends to conceptualize the immigration experience as a continuum. During this continuum, the needs of both the refugee and the community shift and differ at points throughout the process (Tolley, 2011). For the purpose of this study I have chosen to use Drachman's (1992) three-stage model to conceptualize the immigration experience. Her Stage of Migration framework has been widely used in order to focus on particular situations in a newcomers' migration process (Drachman, 1992). The framework provides a means to examine the unique needs, experiences, and circumstances of refugees (Drachman, 1992; Healy, 2008). Under this model, difficulties that refugees may encounter during their migration journey fall into three stages: the pre-migration, the transition, and the post-migration stage (Drachman, 1992).

This chapter presents some of the themes that have been constructed from the interviews related to the difficulties and challenges that Iraqi refugees who participated in this study experienced as result of war and being forced to leave their country. This chapter is divided into two sections: the first section explores the difficulties that Iraqi refugees faced in the pre-migration stage, the transition country, and in the post-migration stage; the second section describes the impacts that these challenges have had on refugee mental health.

Section I

Difficulties During the Pre-Migration Stage

This section presents the difficulties that refugee participants experienced in Iraq before and during different wars: traumatic experiences, expecting death at any moment, continuous fear for the safety of the self and family, and loss and grief (either the loss of family members, friends, or the loss of their belongings and properties) were central themes in refugee participants' lives. Other themes such as domestic violence, religious intolerance as the main cause for forced displacement, and difficulty securing basic needs were also presented in their narratives. The table below summarizes the difficulties that refugee participants had experienced

in the pre-migration stage.

Table 4: Pre-Migration Stage Difficulties

| Stage | Themes | Sub themes |
|---------------|---|---|
| Pre-Migration | 1. Traumatic Experiences | a. Expecting death at any moment b. Loss and grief |
| | 2. Domestic violence | |
| | 3. Religious intolerance in the home country as the main reason for forced displacement | |
| | 4. Difficulties securing basic needs | |

Traumatic Experiences: “War is life with fear”

Refugees who seek asylum from experiences of war or political persecution often experience a high number of life-threatening stressors, experienced both personally and through their families. Their pre-migration trauma and stress may be considerable, and their ability to cope is challenged to the limits (Prendes-Lintel, 2001).

Refugees are people who have fled their countries because of a well-founded fear of persecution, and who are therefore unable to return home. Many refugees come from war-torn countries and have seen unthinkable horrors. Most refugee participants in this study disclosed that they were exposed to traumatic experiences at some point during their life in Iraq, either through a direct threat to their lives or one of their family members, or by witnessing a traumatic experience that happened to someone else. Many participants described some of these traumatic experiences, while reassuring every time that these experiences are something unthinkable and unspeakable and narrating these experiences is vastly different from undergoing it firsthand. Marwan, for example, responded to a question about his life in Iraq by describing war as “devastation. It is like devastation. War -- when war starts, there is no civilian life. Your life is not for you.”

Maysa discussed a traumatic death she experienced, and said it was “indescribable.” She went on to say, “That was the most difficult day in my life. I won’t forget it ever....I saw dead people and burned people close to me. When you live the situation, it is different. It was very

difficult. It is something that cannot be described.” Dalal also described the extreme horror and fear that she experienced when the US army bombed the houses in her block and how she managed to escape. Dalal still remembers people running in different directions, screaming.

We left everything behind and ran without thought. I was pregnant and holding my little son. We were insentient and numb. You don’t know where you are going. Wherever you go, there is shelling. The only thing you hear is screaming, women running everywhere. You are not aware if you’ve got your children with you or not. You were walking on dead bodies or corpses. It was horror; to the end of your imagination it is horror.

Dalal also confirmed that a description is very different than experiencing something firsthand. She added, “Whatever I say, speaking about it is way different than seeing and living it.”

The above quotes reflect a snapshot of the traumatic experiences that people who live in war-torn countries undergo. Another indescribable part of living under fire is expecting death at any moment, which means that people will continue to be concerned and fear for their own and their family members’ physical safety, in addition to the multiple losses and grieves they have endured. These two subthemes are discussed below.

a) Expecting Death at any Moment

Strongly represented in refugee interviews was the fear of imminent death while living in a war-torn country. Many participants revealed that, while living in Iraq, death was one of the things that they anticipated for themselves or their family members. The threat of death was something they would prepare themselves for at the start of each shelling episode. Both men and women expressed this thought, and they revealed that expecting death at any moment was one of the greatest challenges they experienced while they were in Iraq. Dalal, for example, portrayed how she felt every time she heard the bombing start:

It’s like you are sitting at home, but you can’t tell if your soul is alive or dead. You don’t know when the missile will come or when they will bombard you. You can’t anticipate anything. It’s like you are between life and death. All of us are sitting and waiting for them to bombard us with chemical bombs. Waiting for death... We don’t know if we will live or die. You live between life and death. War is life with fear.

Feelings of insecurity, fear, anxiety, and panic were some of the emotions that most refugee

participants said they experienced while living in Iraq during the war. Wasef described how his family expected death to come at any moment:

You might be sitting in the taxi and you see other cars around you explode. It happened many times in front of me. It's like in Iraq I was tired, so tired... You feel the fear -- the fear. You don't know when you will die. You are expecting to die at any moment.

Marwan also described how living under fire affects and disrupts people's lives, and the negative emotions that they experienced as a result. He said:

During the war you don't know when you will die. When there is shelling, you are expecting to die every second. I swear that sometimes we weren't even able to eat. You can't eat. Your life is disrupted and you are anxious. So you will find most people, especially Iraqi people, [*exhales deeply*] you will find them anxious and their lives have disintegrated because they have been through different wars.

Noor described the extreme terror that she experienced during the war: "Fear, fear and hunger. The most difficult thing is fear." Other participants even explained how, regardless of all the fear and anxiety related to expecting death, they would try to be ready for it. Sarah stated that, every time they heard bombing,

We [*herself and her daughters*] were wearing our clothes and waiting. I was afraid to die while wearing pajamas. [*chuckles*] We weren't wearing dresses or skirts because I was afraid of falling down, so my daughters and I wore pants all the time."

Witnessing the bombing and expecting to be killed at any moment had a significant physiological and psychological effect on some participants. Noor tearfully described her feelings during every period of bombing:

I would usually feel scared and I'd collapse very easily. I was like... collapsed each time the bombing started. Collapsed. Imagine, one time I peed myself... I collapsed. I felt scared and afraid. There is something that makes me shake. I tried to hide under the bed, inside the cabinet. After I got married, I was living beside the airport. When the Americans invaded Bagdad, they entered from our side, holding the heads of the dead Iraqi soldiers... All of these incidents and situations had a bad effect on my emotional health, my home, and my children. It destroyed us. The war destroyed us.

Zaid, who fled Iraq in 2006, was warned by his family to not even think of visiting Iraq because he might be killed at any second. His family members tried to prepare him for deaths that might

happen within the family. He said:

My family didn't want me to come to Iraq. They said, "You might be killed at any moment after you arrive." So I asked them how are you surviving there? They said, "We just count the days. We might be killed at any moment. This is what we are expecting, to die at any second. Don't be shocked if you hear that one of your brothers has been killed. You have to expect that."

Noor tearfully disclosed that they felt distress and fear to the extent that they sometimes wished to die rather than experience this horror every day. "[Every time the shelling starts] I feel that that's it, we will be burned now. Sometimes you want them to bomb you because to die is better, better than dying hundreds of times each day. It is like if we die, we will rest."

Wasef described further how they lived in continuous fear for each other's safety. "We were living in fear. We never felt safe. If anyone went out, we all were praying for him to come back. You don't know if he will come back or not." Maysa also described how panicked she felt when a bombing happened close to her daughter's school; she would worry that her daughter would not know what to do or where to go.

The bombing was close to my home and close to my daughter's school. I saw the shelling. I was holding the phone and screaming like crazy. I won't forget that. She [her friend] told me, "Don't panic, don't panic there is nothing at the school. Your daughter is safe."

Living under threat of death was a theme that emerged frequently in the interviews conducted. Participants revealed that they would mentally prepare for their own death and the death of those close to them on a regular basis, and this had ongoing emotional costs. Fear, anxiety, panic, and insecurity were cited as emotional consequences of living in wartime Iraq.

b) Loss and Grief

Losing a family member, a friend, or someone from the community has a strong impact on mental health. The impact becomes more severe when multiple deaths are experienced, and this combines with the uncertainty about who will survive to see the next day. In the context of this study, loss has been examined in different ways: loss of family members and/or friends, loss of home and belongings, loss of land, and the loss of good memories. Some participants experienced just some of these losses, while others experienced all of them.

Zaid is one of the participants who was exposed to different traumas and multiple losses

during the war in Iraq, through direct threat to his own safety, the death of his two brothers, and witnessing the death of his friend and other people in the community. He described these events as shocks that he will never forget. He said, “Yeah, we lost a lot of people.” Regarding how the death of his family members affected him, he continued: “To be honest, I can’t forget the shock of losing my two brothers. Their images don’t leave my imagination. Sometimes I just want to cry.” He continued:

It was a shock for me. Militia groups killed my brother in front of his 5-year-old son.

This was a big shock for me. We were living together and were raised together. You know, our extended families lived together and suddenly, in one second, I lost him. He has four children.

Zaid also witnessed the death of some of his friends and explained how these memories resurface every time he thinks of his life in Iraq. Zaid said:

My friend was killed in front of me. He was working in a clinic and I was waiting for him outside the clinic to go for lunch. Suddenly, many cars surrounded the place and a group of people entered the clinic holding a video camera. Two people holding guns kept shooting him until their guns were empty. They shot him more than 60 times. When I entered the room, he was lying on his stomach in a pool of blood. I will never forget this incident. He was my best friend.

Dalal also shared one of her unforgettable memories of losing a close friend. She tearfully disclosed, “The difficult thing is when you see your neighbour without a head and her children dead around her. You aren’t able to do anything but stare. That was my best friend. I won’t forget this scene ever.” Dalal also shared the same comment that had been shared by another participant about wishing to die instead of waiting for death and experiencing all of that horror. She continued:

I lost my husband in the war. I lost a lot of people that I love. It is a tragedy. Sometimes you wish that you had died with them. You see all of that in your eyes. When they throw the bombs from the sky, you walk over the corpses in the street. You see someone who was just with you, talking and laughing, and suddenly you see him burned or cut in pieces.

Marwan is another participant who witnessed many losses during wartime. He described his experiences by saying:

We have friends who have been killed. We have relatives who have been killed (2).

[Exhales deeply] I swear I saw people killed in the street. I swear that people were thrown in the street... in the street for two or three days. They were injured and they were screaming.

Despite the pain and grief that the participants experienced, they expressed a comfort in knowing the destiny of their loved ones. Maysa tearfully expressed her comfort that, although she had lost her dad, at least she knows where he is now. She was able to say goodbye and bury him.

When I hear other people's stories I always say thanks to God. I know where my dad is now. Other people's children are missing. They have been kidnapped and they don't know where they are. They don't know if they are dead or still alive. They weren't able to bury them.

Dalal expressed a deep mourning and pain because she was not able to bury her husband's body. Her husband was killed during shelling while he was in his workplace in a fuel field. She was not able to recognize his body and she was not given a chance to bury him:

My life after the death of my husband is a tragedy, a single mom with two children. The first tragic thing is leaving my home, and the second is that I wasn't able to bury my husband's body. They were all burned so I wasn't able to recognize him. Two of my uncle's sons are still missing. We don't know if they are dead or still alive.

She added, "I have suffered a lot. You know, it is not one or two losses. There are too many losses and you don't know how to acknowledge them. And the most difficult part is that this suffering is still continuing in Iraq."

Another type of traumatic loss is losing a home, property, and leaving everything behind. Most participants in this study disclosed that they were forced to leave their home, either because of continued shelling or being forced to leave because of religious affiliation. This experience also affected them emotionally. Participants disclosed that they felt lost and confused when they were forced to leave their homes to search for peace. As Dalal disclosed:

I was eight years old when the Iraqi-Iranian war started. They were bombing the houses around us and one of the houses that was bombed was our house. One of my brothers went to the hospital, and, after that, my father started to take us from place to place to escape the bombing. So we suffered a lot from the war because you lose a lot of people

that you love, and we also didn't have a place to live....After the war ended, we went back to our house and we found a lot of people that we loved were killed in the war. Sarah shared how they were forced to leave their home because the majority of people living in that area were of a different religious affiliation; they were forced out and had to leave their belongings behind.

People from the other group asked us to evacuate our house. They gave us three days to leave and we weren't allowed to take anything from our house. We waited there for three days. My husband didn't want to leave and I begged him to leave, to come with us. We didn't have anywhere to go, but we had to leave. I don't have anyone in this life except my husband and my children, so we had to leave to save our lives.

Sarah stated that she felt attached to her home and all the memories she had there. She visited her home secretly many times looking for her belongings and making sure that everything is in place, hoping that the move would be temporary and that she would someday be able to return. She continued to visit until a friend warned her that she might be killed if she continued to return since someone had been killed just a few days before her last visit. At that point she gave up and never went back.

Zaid disclosed that he also was forced to leave his home because of his religious affiliation. While Sarah was Shi'ite and had been forced by Sunni groups to leave, for Zaid it was the opposite; he is Sunni and he was forced to leave because the majority of people living in that area were Shi'ite. Zaid shared that his house is still standing, but there are now other people living in it. With a shaking voice, Zaid said:

We owned two houses in that area. In 2006 we were forced to leave. My whole family had to move to another place. To be honest, the majority of people who live in our original area were Shi'ite and we are Sunni, and that's it. So my family left our homes and other people are living in them now.

Traumatic experiences are bound to occur to those living in a war-torn country. People may experience the death of a family member, friends, or others in their community. In addition, a person's own life and safety is also under threat. Being forced to leave homes and search for safety is also a traumatic experience that most refugees have experienced.

Domestic Violence

Commonly, violence against women is perpetrated by a partner or former partner, and often causes significant physical and mental issues that have long-lasting effect (Campbell, 2002). Women who experienced armed conflict and displacement often encounter even greater health and safety challenges, and displaced Iraqi women might be considered under this group (Chynoweth, 2008; Ward & Vann, 2002). In the Middle East, cultural, legal, and religious legacies reinforce patriarchal gender relations that may directly or indirectly impact the prevalence of violence against women (Khawaja & Barazi, 2005).

Domestic and family violence can take many forms: emotional, physical, and sexual. In the course of this study, four out of seven female refugees declared that they had been psychologically, physically, and/or sexually abused (the four participants include Noor, Fawzeyah, Asma, and Maysa). The abuse can come from many directions; while often it is the husband who is the abuser, there are cases where the abusers are the biological parents or members of the husband's extended family.

Noor is one of the women in this study who was exposed to family and domestic abuse during her life in Iraq. During her childhood and before getting married, her father abused her, her mother, and her siblings emotionally and physically. The violence continued after she married, where she was then abused by her husband and his family. When I asked her about her childhood, she tearfully described how her father mistreated her and her sisters:

My childhood? I didn't have a childhood like other kids. My dad was so angry all the time. He hurt us a lot. I hope God will forgive him wherever he is now [*cries*], but he hurt us a lot, so our childhood wasn't like other children. You can't imagine what my dad was doing to us. He was tying us to the windows. Tying us with chains and hitting us. Our life with him was very difficult.

Noor described how her father forced them to verbally abuse their mother as a way of humiliating her.

He was waking us up and telling us to say bad words to our mother. We love our mother. We couldn't do that, we couldn't, and my mother will say, please, do what he wants, please, in order to not be hit. We usually would refuse. We couldn't. We preferred to die rather than say bad words to my mother. We won't say it. Yeah, something like this.

For some female participants, the abuser was the husband. Maysa disclosed that her husband was

a heavy drinker and he would often lose control and abuse her emotionally and physically; she discussed how that affected her emotionally. She said:

My life with my husband was very difficult. I was 21 years old when I married him. He would drink and hit me. I was trying to tolerate all of it because of my daughter. I gave him many chances, but he didn't change and things got worse. If you saw me at that time when I was in my twenties, you would say that I look older than I am now in my forties.

For Asma, the abuse came from her husband's family. After the death of her husband, they were afraid that she might marry someone from outside the family, so they tried to force her to marry her deceased husband's youngest brother. However, she refused. "I suffered a lot because of my husband's family. They threatened me after his death. They wanted my daughter. They hit me a lot. They tortured me a lot."

From the perspective of the female refugees, living in a wartime environment where violence is experienced on a daily basis is one of the reasons domestic violence occurs. Fawzeyah explained how her husband was arrested in another country and how he was tortured there; he started to abuse her after he was released from prison. She described how his experience in prison affected his behaviour:

After he left prison, my life became even worse. He was hitting me. He wasn't normal. He suffered from psychological difficulties. Sometimes I would be watching TV and he would come by and slap me, just for no reason. Other times when I was sleeping... sleeping in my bed, I'd feel someone hit me with a hose. He used to heat a knife on the stove and put it on my body for no reason. He even prevented me from leaving the house and prevented any of my relatives from visiting me.

Noor spoke of a similar experience: "My father was working as a soldier in the army. He came home and applied what he witnessed and did there." Noor also was abused psychologically and physically by her mother- and father-in-law. She was living with them in the same house and had no other choice but to be there. She explained how they abused her:

And even after I married, I suffered a lot. I lived with them [mother- and father-in-law] for 10 years and they didn't like me. I tolerated all kinds of abuse. I tolerated their bad behaviour towards me. I tolerated them hitting me. I tolerated everything and they didn't like me. They didn't accept me. Especially my mother-in-law, she didn't like me. Now, I don't hate them, but at the same time I will not forget what they did to me.

Fawzeyah, who had been abused by her husband's family, described her life with them. She described her relationship with her mother-in-law and how she became accustomed to being hit by her. She said:

My mother-in-law was so bad to me. She was even hitting me. She was treating me badly, but I stayed with them and I didn't leave. She wasn't good with me at all. She was fighting with me for no reason. During my life with them, I felt that I aged 20 years. I suffered a lot there.

Her brother-in-law advised her to get divorced and to return to Iraq, and he helped her with all the paperwork to prove that her husband's mental disorder was grounds for divorce.

Family and domestic violence also happen in the form of sexual abuse. Fawzeyah is the only one who talked about sexual abuse committed by a family member. After she was divorced from her husband and left his abusive family, she went to live with her aunt. She disclosed, "I was hurt a lot at my aunt's home. My aunt's husband was putting pressure on me to have a sexual relationship with him and with his friends." Her aunt and others around her blamed her for the situation. With a shaking voice, Fawzeyah said:

And once my aunt knew about that, she thought that I am the one who is trying to steal her husband and seduce him. Even though I told her many times that her husband is harassing me, she never believed me; after that I left them. She asked me to leave her home. I left them. I went to my grandpa's house where my extended family lives.

She further added that even at her grandpa's house, the female family members there also emotionally abused her and made her do all the housework by herself. She said, "I lived at my grandpa's for one month and all the women there were trying to create problems for me, so I fled. I didn't have any place to go to."

For some women, silence, forbearance, and their religious beliefs were the only way to cope with this violence. Noor explained how she would usually react after being abused:

Nothing, I don't do anything. I just say to them I will let my God punish you. I never said or did bad things in reaction to their abuse. My calm reaction must have teased them most of the time. All the time I was sitting in my room and reading the Holy Book. I am sure that because I trust and believe in God, he saved me. God is the only one who saved me in the end.

While Noor relied on her religious beliefs, Maysa and Fawzeyah decided to seek formal help and

to get divorces. Maysa firstly asked her family to intervene and stop her husband's behaviour. When her family was not able to help, she went to the church. Finally, when his behaviour worsened and no positive changes were seen, she sought help from the courts, asking for a divorce.

One time he started to hit me and I decided that that's it. This will be the last time. I took my belongings and my daughter and left. I closed that door behind me. I went to the courts asking for a divorce, and his family sent him to Jordan to try to escape the court proceedings because he didn't want to get a divorce. However, the church helped me and I got my divorce without his presence being required.

Domestic violence in the pre-migration stage was one of the challenges that female refugees experienced, whether the abuse came from their fathers, husbands, or their husbands' families. Living in a culture where the customs and traditions favour a patriarchal system could be the main contributing factor for the occurrence of domestic violence, but living in an environment where violence is everywhere could also be a factor.

Religious Intolerance in the Home Country as the Main Reason for Forced Displacement

Sunnah, Shi'a, and Christian religions are some of the religious groups that exist in Iraq. After the collapse of Hussein's regime, different religious groups started to fight for natural resources, power, and authority. As a result, a large number of people from different groups were forced to leave the country. From the interviews, most participants revealed that their religious affiliation was their main reason for leaving Iraq. The refugee participants represented different religious groups: two Christian, four Sunni, and four Shi'ite participants. Most refugee participants reported that being affiliated with any of these religious groups was dangerous and created problems with members from other religious groups. In the end, their affiliations forced them to leave Iraq. Maysa is Christian; she described how people from different religious groups and affiliations were living in peace before the collapse of Hussein's regime. She stated:

We were living in peace, all of us: Christian, Sunni, Shi'ite, and even Yazidi. We all were living together and there weren't any differences between any of us. We never asked each other what is your religion or your affiliation. But after the collapse of the previous regime, everything became very difficult.

People were forced to leave their houses and move. Sarah described how they were forced to leave their house because the majority of people living in the town were Sunnah. "People from

the other group [Sunnah] asked us to evacuate our houses. They gave us three days to leave and we weren't allowed to take anything from our houses." Even after they moved, her husband continued to receive threats. She said, "He received a letter with a bullet, which means that you have to leave the country or you will be killed. I told him that you can't stay in Iraq; you have to leave."

Noor is Shi'ite, but her husband is Sunni. She emphasized that, before the collapse of Hussein's regime, there was no differentiation between Sunni and Shi'ite. Marriages were happening all the time between couples from these two groups, but things changed after the war. They started to feel it was dangerous being from this group or that group. Her husband was threatened and then they were forced to leave the country. She said:

After the war the economic situation was very bad, and the conflict between Sunni and Shi'ite groups increased. He [her husband] received a letter with a bullet, so I asked him to leave Iraq. I sold some stuff from my home and asked him to leave.

In some cases, there was not even time for warnings. Anyone could be arrested by people from another group, and even killed based merely on a family name that revealed religious affiliation. Zaid is Sunni and shared his experience when he was arrested by a group of people from the Shia religious group. He said:

At that time, killing was based on ID, which means a soldier might kill me if I am Sunni or Shi'ite, depending on the affiliation of the soldier himself. So the soldier told me to come out of the car and to give him my ID, but I didn't because my ID has my family name written on it and he would know from that. So I gave him my passport [the passport didn't contain his family name]. He said, "No, I need your ID." They took me down to execute me, but another person who was sitting beside me in the car talked to them and helped me. When I arrived at my family's home, I collapsed and felt really horrified. The next day I fled to Syria and never went back again.

Marwan, who lost his father and brother as a result of sectarianism, said with a trembling voice:

You know, after war, with the sectarianism that happened in the country and the difficulties that happened as a result of that, a strong sectarian trend occurred. It's like... [*Inhales deeply*] you know, our friends have been killed, my father was killed, and my brother was killed. You don't know what's happened to the country. Militia groups have emerged, and terrorist groups have spread between people. Some groups have started to

kill and to steal.

Conflicts were not only occurring between Sunnah and Shia groups; Christians were also forced to leave Iraq. Wasef fled from Iraq to Syria after he received death threats. He described his suffering in Iraq and how life there became very difficult due to sectarianism. He said:

There are too many difficulties and bad memories to recall from my life in Iraq. We suffered a lot there. We suffered a lot. Sectarianism is one of the things that affected our life, especially for us as Christians. We, as a minority, suffered a lot. We were receiving threats. We found ourselves not able to survive in Iraq anymore, so we decided to flee.

Wasef also described how his young children also started to receive threats because of being a minority and having to follow the rules of the majority. He said:

One time my 11-year-old daughter was in school and the school principle held her by the hair and hit her because she doesn't wear the veil. But why did he do that? We respect the veil even though we are Christian and we don't wear the veil. At that point we decided that that's enough. We won't be able to live here anymore.

In some cases, working with foreign companies is considered to be disloyal to the country; people who do not quit may be killed. Wasef tearfully added:

I was working in a foreign company and I received threat after threat. Nothing is more valuable than family; we heard of many incidents where family members were killed one after another, so we were forced to leave. You think now I am happy here? I am not happy. There is nothing better than my country.

After describing how hard it was for him to leave his country, he broke down crying.

Political persecution was another reason some participants fled. Feda, who left before the collapse of Hussein's regime, said, "My father was exposed to government pressure in the end, so there was no safety at that time. They might attack us at any second. You know, there were many attacks at that time and stuff like this, so we decided to flee."

Most of the participants cited religious affiliation as the main reason for fleeing. They were receiving threats to leave the country or be killed. There was not one dominant religious group that threatened other groups. All groups were exposed to threats and were forced to leave the country.

Difficulties Securing Basic Needs

The effects of war become more severe if there is no food to eat, no clean water to drink,

no heat, and no electricity. Not being able to secure the basic needs that are essential to survival is one of the challenges that participants described. The fear of not being able to secure the basic needs for themselves and for their families was spoken to by both genders, but seemed to be a more significant concern among males, since they expressed feeling responsible for securing those basic needs, especially if they were married with children. Marwan, who lived in Iraq before and during the war, describes how not having work was a significant challenge for him, “Before the war we had jobs. We weren’t happy about what the government was doing, but we were surviving. But after the war there was no work. The work stopped and we suffered emotionally for it.”

Difficulties finding a job and not being able to secure basic needs were a substantial challenge, especially if the person had a family. Marwan continued, “We have families and we have to work to feed them; we have to work in order to get food. So if there is no income and no work, how will we live? This is the war. War is a tragedy.” Marwan continued:

Life was difficult there. Life was very difficult, especially after I got married. There was no work. After the Gulf War there were sanctions and that hurt us a lot. Since then, we haven’t seen good times. You have to work. We were suffering all the time.

As a result of the war, the sanctions, and difficulties in finding work, people were finding it difficult to secure the basic resources of food or drink. Noor explained how her mother was trying to obtain their daily meal:

The beach was very dirty and my mother was bringing water up from the beach and boiling it. If my mother found beans to make bean soup, even without salt or anything else, that would be abnormal. We might find a date and eat it with the bean soup; that might happen once a while, but we wouldn’t usually find food like this every day. If anyone has a piece of bread, all the other children would stare. We didn’t have food, water, salt, or anything. There were years we didn’t have anything to survive on, anything.

Even though living without a job made it difficult to secure the necessities of life, having a job did not always guarantee security. Some participants described how working for long hours was not enough to secure basic needs because of the very low pay they received. Noor described how her husband was working very long hours and, regardless, they were barely able to survive:

He [her husband] was a soldier, then he left to work with his brother-in-law selling shoes,

and that's it. That was our life. His salary was not enough for us to live on. Taking into account that he was working from morning until evening, it still wasn't enough. We needed more and more. Life was difficult and we were barely able to buy food. We were eating one meal a day.

Finding food and the other necessities of life was not easy, even if a person had their own business and was able to earn money. Sarah's husband had a private business outside Iraq. She revealed that, even if they had money, as a result of sanctions they were not able to find what they needed in stores: "We suffered, we suffered a lot. There was no fuel, no flour, and sometimes no food. It was difficult to find flour or fruit; even if you had money, you didn't know where to buy things [*Chuckles*]."

Not being able to secure the basic necessities for survival was one of the challenges that most refugees talked about, especially during the years of sanctions. As a result of the war, finding work was very difficult. If people were lucky enough to find work, they had to work for long hours for a very low salary. Some people who had their own businesses and a steady source of income still found it difficult to find goods to buy at the market.

Summary of Pre-Migration Difficulties

Traumatic experiences are bound to occur to those living in a war-torn country. People may experience the death of a family member, friends, or others in their community. In addition, a person's own life and safety is also under threat. Being forced to leave homes and search for safety is also a traumatic experience that most refugees have experienced. Difficulties in the pre-migration stage centered mainly around one's safety and as a result of living under fire, and expecting death at any moment was a strong theme that emerged from the interviews. Most refugee participants revealed that, during their lives in Iraq, there were not any guarantees that they would live to see the next day. Different emotions such as fear and insecurity were described as a result of living in wartime Iraq. Domestic violence was one of the challenges that female refugees experienced, whether from their father, husband, or their husband's family. Religious affiliation and political persecution with the threat of death were some of the reasons for fleeing for almost all of the participants. There was not one dominant religious group that threatened other groups; all groups were exposed to threats and were forced to leave certain areas. Not being able to secure the basic necessities for survival was one of the challenges that most refugees talked about, especially during the years of sanctions. As a result of the war,

finding work was very difficult. If people were lucky enough to find work, they had to work for long hours for a very low salary.

Difficulties in the Transition Country

Before moving to Canada, all refugees who participated in this study lived in transition countries where they were seeking refuge: Marwan, Sarah, Zaid, Maysa, Noor, and Wasef lived in Syria, Fawzeyah and Dalal lived in Turkey, and Feda lived in Jordan. Only Asma lived first in Syria and then moved to Turkey, and only Dalal lived in a refugee camp, while the others lived in cities.

While some refugee participants felt safe in transition countries where there was no bombing or killing, others witnessed the start of a new war and continued to worry about safety. Other challenges participants had faced in this stage were separation from family members, challenges to securing basic necessities (which made them vulnerable to being abused by employers), uncertainty about the future, and long wait times for processing of refugee applications. The table below summarizes the pre-migration themes.

Table 5: Transition Stage Difficulties

| Stage | Themes |
|---------------------------|--|
| Transition Country | 1. Witnessing a new war, the continuous fear for physical safety |
| | 2. Separation from family members |
| | 3. Difficulties securing basic necessities |
| | 4. Being abused by an employer |
| | 5. Uncertainty about the future |

Witnessing a New War, the Continuous Fear for Physical Safety

Even though many refugees felt somewhat safe in the transition country, this was not the case for all; namely, Asma, Wasef and Marwan's wife. Asma was kidnapped with her daughter while in the transition country, and Wasef's wife experienced a life-threatening situation when one of the snipers tried to shoot her at the start of the war in the transition country. These participants stated that they fled from the war in Iraq to witness (by themselves or their close

family members such as in the case of Marwan's wife) the beginning of another war in the transition country. While Wasef and Marwan's wife waited until they were granted refugee status in Canada, Asma's experience of being kidnapped and exposed to a serious, life-threatening event led her to flee along with her daughter to another neighbouring country before the UN accepted her application.

Separation from Family Members

Being separated from family members was one of the stressors participants said they experienced while in the transition country. While Wasef, Sarah, Maysa, and Feda managed to escape Iraq along with their close family members, Marwan, Zaid, Asma, Noor and Dalal were separated from their families in order to be able to flee. Dalal, for example, fled with her two children and lived in a camp in a neighbouring country after her home was bombed and her husband died. Six years later, she was able to contact her family to let them know she was alive and even after she was granted refuge in Canada; she wasn't able to see her family since 1991 until the time of the interview.

While some participants had been separated due to the war, others stated that, because of economic hardship and the difficulties of surviving with large families in the transition country, they felt obligated to send their families back to Iraq (e.g., Zaid and Marwan). They stated that, after the sectarian conflict started in Iraq, it was more dangerous for men than women in Iraq since most of the militias targeted young men.

Noor also managed to flee with her husband, but while in the transition country her husband went back to Iraq to visit his family and went missing for three years. She had to survive with her five children alone in the transition country, relying mainly on the UN for help. This separation from family members and being constantly worried about their safety has a devastating effect on mental health and well-being. Most participants stated that they felt lonely away from the social support they were used to receiving, and they felt uncertainty about their future and their family members' safety back in Iraq.

Difficulties Securing Basic Necessities

The concerns around securing basic needs continued to happen in the transition country. Since refugees are not allowed to work officially and they must accept low-paying jobs most of the time, securing basic needs continued to be a challenge for them. Dalal, who lost her husband in the war and fled to Turkey with her two children, stated that one of the biggest difficulties that

she faced during her life in Turkey was how to secure basic necessities. From her perspective, life there was safe and she did not have to worry about her or her children's safety. However, in her words, "The most difficult thing I faced in Turkey is that you don't have a home or a source of income to live off."

Commonly, refugees are not allowed to work in the transition country and are not given a work permit. As a result, they tend to live off of United Nations' assistance programs or by working "under the table" for employers that take advantage of them. Marwan was living with his family in Syria and he was not allowed to work. His largest concern was how to earn money for rent and find food for his family:

It's, like, in Syria, when you live there, you need to rent a home. To pay for that home, you have to pay on a monthly basis. Also, you have to pay for electricity. Electricity is so expensive. Even water. You can't drink from the tap; you have to buy water. And there is no work, they write in your permit that you're not allowed to work. We survived. It's a tragedy. It's, like, people--it's a real tragedy.

When refugees were able to find work, they would live in fear of being caught and deported as a result of working without a permit. Marwan was lucky to find a job, but he was living in fear the whole time. He said:

...and even if they hire you, when the police come, they try to hide you. They [employers] might hide you in the basement or even in a big barrel. They will do anything to hide you so that the police don't see you because if they see you, you will be in big trouble and you might go to jail or have to pay a big fine. Yeah, so this was the situation. So it was very difficult to get a job.

Some refugees were able to get help from the UN. They stated that this help was in the form of monthly meals, but, due to the large number of refugees at that time, it was very difficult to get the meals. Noor tearfully continued, "We stayed in Syria and you know the tragedy, we have to wake up at 3 or 4 a.m. to go to the UN to get our meals."

It was not only that getting these meals was difficult and time-consuming; it was also often not enough. Marwan explained the type of help that he was getting from the UN and how that help was not enough to survive on:

Umm, the UN was providing some help and food, and if a person was with his family, then they would give him a salary. They were giving me a salary. It's like they give you a salary that's only enough for 15 days, and you have to pay way more than that.

Asma described how living in Turkey was difficult and the help that she got from the UN was not enough, even for a small family, "Every time my mother called, I told her that everything is perfect. I didn't want to tell her the truth. Sometimes I had to divide a piece of bread. I would eat one half at breakfast and the other at lunch, yeah, it was like that."

For other refugees the situation was even worse because they did not get any help from the UN. Dalal described her life there: "Our life in Turkey was difficult. You don't have any source of income and the UN didn't identify us as a family that needed financial help. We were supposed to take care of ourselves there."

The situation was more difficult for widowed and divorced women since they have to take care of themselves, their children, and secure their basic needs, often without having a social network of support. Asma, Maysa, Dalal, and Noor were alone in their transition countries with their children and without any external support. Asma, who is a widow, disclosed, "All the situations I have been through were difficult—the financial situation as a woman alone without anyone to help." Dalal, who is also a widow and had two young children at that time, stated, "You don't know what to do with your children when they cry with hunger. You don't know what to do for them. You are new and a stranger."

Even though Noor is married, she lived in Syria for three years by herself without any support after her husband went to Iraq for an urgent family issue and they lost touch for three years. She said of her experience:

I stayed in Syria alone with my children. I suffered. I suffered a lot. Living there alone with four children was not easy. My children started to grow up and it became difficult to satisfy them with water and bread. They started to understand and to compare themselves to other children. I wasn't able to secure everything they needed. I was waiting for the non-profit organizations to give us food and clothes. We suffered a lot. We suffered a lot from hunger, but in the end we were able to survive.

Difficulties securing basic needs were one of the main concerns for refugees in the transition country, and most participants mentioned this concern. Not being allowed to work, the

large number of refugees, and the small amount of help they were getting from non-profit organizations exacerbated the situation.

Being Abused by an Employer

As a result of economic hardship and not being allowed to work in the transition country, refugee participants found that they were vulnerable to abuse. The abusers were not only employers, but also landlords and neighbours. Some participants reported that they felt like outsiders in the transition country and that they did not have equal rights to other citizens. For example, Marwan described how his employer abused him because he was working without a permit. He was earning less than other workers and, at the same time, working more hours. He said:

And even if you get a job, there are some people who might abuse you and pay you a low salary. So if the employer usually pays his employees \$500, you will only get \$100. You need the work. I swear that I worked in a factory. I worked there for \$120. I worked from 7 a.m. until 9 p.m. for \$120. I was making \$120 a month. Monthly. I was making \$120 a month. That was enough for around 10 days. I know one person who was getting \$400 to \$500, but because I am a refugee, they were giving me \$100.

Despite the unequal situation, participants felt fortunate to find work of any kind at any salary, taking into account that they were not holding work permits and living in a country with a difficult economic situation. Marwan commented, “In the end, I was lucky to get a job.”

As a result of working without a permit, some refugees were denied some of their rights as employees. Zaid reported that he was not given sick leave, vacation time, or even minimum wage. He stated, “And even if you are sick, you have to go to work. If you are unable to work, you will not be able to eat or to feed your family. So even if I’m sick, I can’t take sick leave.” Zaid further described how his landlord abused him when he asked him to leave his apartment suddenly because someone else was able to pay more rent; because he was a refugee, he was not able to sue the landlord. Zaid said:

I was renting an apartment and suddenly the landlord asked me to leave. At that time, it was very difficult to find an apartment because there were around 4 million Iraqi refugees in Syria. So where will I find a place to live? If I don’t find a place, I will be in the street with my family.

Participants also related how they were abused when getting their official documents

done. With a shaking voice, Marwan explained how he was abused every time he went to get his papers:

I swear one time one employee asked me for money to give me residency papers, and when I told him that I didn't have any money, he told me, "It's okay, I will take your phone." He turned my phone off and put it in his pocket and left. If you say no, they will kick you out of the country.

Difficulties securing basic necessities made refugees vulnerable to abuse in the transition country. Refugees often felt that they were not equal to citizens in the transition country. Abuse came from different directions--employers, landlords, and neighbours--and refugees faced other new challenges such as being abused by employers or others as a result of not having a work permit.

Uncertainty about the Future/ Long Wait Times for Refugee Applications

Wait time in the transition country for the UN decision regarding applications was one of the challenges for the study participants. Most of them reported a long wait time, causing uncertainty about their future and how to plan for their future lives. Participants wondered if they would be able to seek refuge in another country, or would they be denied and, in that case, should they settle down where they were already living? Sarah said, "We lived a good life in Syria. It is true that we lived waiting for the acceptance for our application. This waiting killed us. Two years. Two years and you don't know about yourself, you are at the earth or the sky."

Asma described her experience with the UN:

The UN application is the most difficult thing. You need patience....They called me several times and every time they rescheduled my interview. Then, the end [country] refused my application. At that time, I collapsed, but then was accepted by Canada. After that I waited for another two years.

Zaid also described the experience of his brother who had applied and waited six years.

However, when the war started in Syria he decided to go back to Iraq. He said:

After he arrived in Iraq and because of the very tragic situation in Iraq, he decided to email the UN office in Jordan for the last time. So they answered him, saying, "We were looking for you. We lost your phone number and weren't able to contact you." Then after six months, the UN answered him, but sadly they sent him to the US and not to Canada, even though they know that I live here.

Long waiting times for their applications to be processed and uncertainty about their future cause refugees to be uncertain about their present and more stressed and anxious about their future.

Summary of the Transition Stage Difficulties

Once refugees had fled their country and arrived in the transition country, they felt safe and secure, but this did not mean that there were no other challenges to face. Some refugees witnessed the start of a new war and continued to be concerned about their physical safety. Refugees in the transition country were not allowed to work. Unemployment led them to be vulnerable to abuse and to accept any job at any pay in order to survive, especially considering the small amount of help that they might get from the UN. Being abused by employers led refugees to feel unwelcome in the transition country. They did not enjoy equal rights to the other citizens, and this led them to continue to search for a better place to live. The large number of refugees, and the small amount of help they were getting from non-profit organizations, exacerbated the situation.

Difficulties in the Post-Migration Stage

Iraqi refugees escape war and persecutions. Once they arrive in their final destination it is expected that they will leave everything behind and start a new life. The interviews revealed that these expectations differ from the reality. Refugees' suffering and distress do not end once they step on Canadian soil. Refugee participants stated that in this stage they experienced different types of stressors and challenges. This stage represents the difficulties they have faced in Canada, and how their previous lives and experiences affect their current lives. Different themes have been constructed from refugees' stories about this stage, such as a feeling of relief upon arrival at their final destination, having high expectations about quality of life in Canada, not knowing their rights (which has sometimes led to abuse or discrimination), difficulties entering the workforce, financial hardship, mistrust between refugees and settlement workers, a feeling of not belonging in Canada, staying connected and worrying about family back home, loneliness and lack of social support, and family conflicts that might emerge as a result of moving to this new culture. This section also discusses how these barriers and challenges affect refugee adjustment and integration in the new culture, how successful they are at forming a new identity as a refugee, and, finally, how they tend to cope and deal with these barriers and accumulative traumas. The table below outlines the themes and the subthemes in regard to the post-migration difficulties.

Table 6: Post-Migration Stage Difficulties

| Stage | Themes | Sub themes |
|-----------------------|---|---|
| Post-Migration | 1. Feeling of relief | |
| | 2. High expectations | |
| | 3. lack of awareness about their rights | |
| | 4. Racism and discrimination | |
| | 5. Difficulties entering the workforce | a. Discontinued education |
| | | b. Recognition of certification |
| | | c. Canadian job experience |
| | | d. Language skills |
| | 6. Financial hardship | |
| | 7. Adjusting to a new life | |
| | 8. Mistrust between refugees and settlement workers | |
| | 9. Feeling of not belonging | |
| | 10. Refusing the refugee identity | |
| | 11. Staying connected with the home country and feelings of guilt | |
| | 12. Loneliness and a lack of social support | |
| | 13. Family relationship | a. Family conflicts |
| | | b. Domestic violence |
| | | c. Breaking of bonds and creation of distance |
| | 14. The role of religion and spirituality | |

Feeling of Relief

Seeking a safe and secure place is one of the main goals for people who have lived with war. Arriving in their final destination and leaving all the fear behind is a large step toward this goal. Since one of the main fears for refugees in Iraq was for their own and their family's safety, a feeling of relief and safety in Canada was one of the themes that was shared by participants.

Once all the documents were complete and the refugees started to prepare for travel, a feeling of relief emerged as a result of fleeing the war and leaving all the tragedy behind. Refugees who participated in this study mentioned that it was hard to believe that they were escaping and that what they were experiencing was real and not a dream until the airplane actually landed on Canadian soil.

Most participants in the study revealed that, upon arriving in Canada, they experienced an immense sense of relief. They disclosed that one of the main emotions they experienced was a sense of security, protection and safety for their and their families' lives. Noor, for example, described her emotions by comparing her life in a war-torn country to her life in Canada. She said, "We are living now, laughing and talking, but once I remember the past I feel like... I collapse inside. You wonder how we survived and how we left that hell." Maysa similarly stated that she could not believe how strong she was and wondered how she had survived in Iraq. She believes that, whatever challenges they might encounter in the future, there will be nothing more difficult than what they had already experienced in Iraq. Maysa revealed:

I always say thank God that I arrived here safely. I believe that there is nothing more difficult than living in Iraq. Now, once I start to think about my previous life in Iraq, I feel surprised at how strong I was and that I was able to survive. Now, I find it very difficult to believe and I'm astonished that I survived.

Zaid also thinks that, once a person arrives in a safe place, they will find it difficult to imagine how they lived and survived before. He stated that he tries to avoid thinking that he might ever go back. From Zaid's perspective:

Once you live in a safe country, it becomes impossible to live in Iraq. You know, I am here now, but I swear that I feel afraid to think... just to think about being in Iraq. You might watch horror movies in your life, but in Iraq it's not a movie. Killing and slaughtering are real.

Dalal also agreed that safety was one of the most important things that she was looking for. She said, "The main thing I like about Canada is the safety. It is safe. It's, like, safe to go out any time. You know that you are protected. You don't fear anything." Wasef similarly confirmed that the feeling of safety is most important to him. He also described a sense of feeling valued as a human being and an appreciation of the freedom and protection offered here:

I am relaxed now. It is better here than in Iraq. In Iraq I was tired, was tired... fear, fear

you don't know at what moment you will die. Human beings there are cheap, cheap.

Here, human beings are valued. I never hear of people being crashed into by cars or being shot here. In Iraq it is normal for a child who is playing with his bike in the street to be shot in the head. That's normal. It is chaos there. Since coming here, I have never heard a shot or seen anyone holding weapons.

Marwan strongly stated that the safety here is something that he will not let go of. He might choose to die here rather than think of returning to Iraq and living that horror again. "No, I will tell you one thing, and it's not only me. Most people talk, and they will tell you that they prefer to die here rather than go back to Iraq."

Living in a secure place and feeling that children and family members are safe is a dream for most refugee participants. Sarah shared her dream when she was in Iraq, which is, "to place my head on the pillow knowing my husband and children are safe. Back home, I slept with my ears open because I feared that someone would kidnap my daughters or do something bad to my children. So I feel safe here." A feeling of relief and satisfaction about the future of their children was also something that was spoken of by many of the participants. They feel that successfully bringing their children here is a great achievement for themselves and for their families. Dalal felt glad that she was able to flee the war and bring her children to this country so they can live a normal life. She stated:

Children from Iraq don't feel the beauty of life. They are deprived of everything. They don't feel safe. Iraqi children are deprived of all of that and it's getting worse and worse now. I am glad that my children get to live and see beautiful things here. I am happy because they are living a life appropriate for their age.

A feeling of relief upon arrival in Canada was one of the themes that most refugees expressed when they were first asked about their life in Canada. Some of them cannot believe how strong they were in order to survive the war, and some do not want to even want to think about how they survived, how their life looked in Iraq, or the possibility that one day they might go back there. To live in a safe and secure place was a dream for some of them, and they felt proud of themselves and glad that they were able to protect their children and bring them to a safe place where they can live a normal life away from bombing and shelling.

Canada the Dreamland, High Expectations

Most refugees come to Canada with dreams of a high quality of life with many

opportunities awaiting them. Once they arrive and start to settle down, they face a reality that, in most cases, does not meet their expectations. As a result, mixed feelings emerge; many experience relief as well as frustration. People deal with these feelings in different ways, with some trying to isolate themselves, while others attempt to accept and adjust to their new reality.

Refugees in this study described the first period of their life in Canada as a honeymoon phase where they compared their life here with their life in Iraq or in the transition country. Zaid described how his first days after arriving in Saskatoon were like a dream and he was finding it hard to believe that he had fled the war and left all the tragedy behind. He said, “Until I got on the airplane, I couldn’t believe it. I didn’t believe that I would escape all of that pain. To be honest, once I arrived here, my first days here were beautiful because I was comparing it to my life back home.” After a few weeks or sometimes months, refugees start to realize that what they had in their mind about life in Canada was only a dream and that the reality is different from what they expected. Zaid continued, “But after that the tragedy started.... I found it difficult. Life here is difficult.”

Asma also said that she found it hard to believe that she had made it to Canada, especially due to the very lengthy and complicated application procedure through the UN, who have the authority to interview and accept or refuse refugee applications. She said, “Once I arrived I couldn’t believe it, you know, because UN procedures are very difficult. So once you arrive at this stage, it’s hard to believe you’re finally here.” When I asked her what she expected Canada to be like, she answered that she expected Canada to be “a heaven. [*Chuckles*] I swear this is what I expected, but, no, it is difficult. It is safe, I don’t deny that, and we, as Iraqi, we are looking for safety, but life here is difficult.” Dalal also agreed that, in the first few weeks of living in Canada, she was dazed, but then gradually she started to see the difficulties, especially as a single mother with two young children and not being able to speak English. Dalal said, “When we came to Canada it was beautiful at the beginning, but then I found it difficult for someone who is without a family to live here and to meet good people to help me or to teach me different things.”

Refugees who come from the Middle East look at Western countries as wealthy and rich and they expect wealth and an easy life. Having big houses, finding jobs, having high salaries regardless of their language or education level were some of the expectations that refugees had. Maysa expected that she would be able to find a job easily and earn a lot of money. She said:

I was so happy once I arrived in Canada. I thought that everything would be easy here. I thought that, once I arrived, I would start working directly and earn a lot of money, but when I came it was different. You work a lot, but you earn very little.

While some refugees thought that they would find work easily, others thought that they would not need even to work and that the government would provide them with everything. Fawzeyah commented:

When we came here, I thought the government would provide us with everything and we won't need anything, we wouldn't even need to work, but what I found is different. And as my settlement worker said, "We brought you here and provided you with safety, that's it. Nothing else. In order to survive, you have to work. If you don't work, you won't be able to survive."

Azeez, a settlement worker, also agreed that, once refugees arrive, they think that the government will provide them with everything, that they will not need to work, and that they will have high living standards, which is not the reality. Refugees sometimes need to work even harder than what they are used to. He stated that:

Refugees, when they come here, have high expectations, and the reality is completely different. Like, when I go to Canada it's going to be all green, whereas nine months is with the snow, and then it's really rich and you can find dollars on the tree and the reality is opposite to it. You need to really work hard even more than what you have been doing back home, so I think reality hits when they come here.

Ghada, a settlement worker, similarly confirmed that, "Most of them [refugees], they come with the high expectation." Ghada commented regarding the source of these expectations, "I don't know from where do they get that so.... they will have, for example, a big house with a garden will all these things, but when they come here they have limited income so..."

A lack of accurate or misleading information and relying on other people's stories might explain some of these high expectations about life in Canada. Many participants stated that they had heard good things about the quality of life in Canada from the media or from their friends in the transition country. Dalal stated that her "friends in Turkey started to tell me different things about Canada and how good it is." Some of her expectations were based on what people told her; she said, "Once I arrive, they will give me a car, give me money, I will sit and relax [no need to work] and something like that. A lot of people think that they will find the red carpet waiting for

them in the airport and they will walk on it. Yeah, something like that.”

Azeez emphasized the role that the media plays in these unrealistic anticipations. He added, “They saw on the television or what they told, mmm, the place – like, they left [transition country], when they come here, they are... like, they will expect to be treated very differently.”

In addition to the inaccurate information from the surrounding community and the media, Safeer, a settlement worker, added that some refugees might come from wealthy families and have a high standard of living in the transition country. Sometimes, they have not experienced life in a refugee camp, and they expect to have the same standard of living in Canada. Safeer shared one of his experiences where the family was living a good life in Jordan and expected luxury services once arriving in Canada. He said:

Refugees, like Iraqi who come from Jordan, had a little bit [higher] expectations than Iraqi [who] come from Syria...these refugees who came from Jordan because they left Iraq in a good time, so they took all the family, they took all the belongings. They came, like, with all 16 or 20 suitcases when they arrived here. That’s very unusual to see [with] refugees. And within days this same family was expecting me to connect every child...buy them a cell phone with an Internet, their home, like, should have Internet connections, TV, and all of those things. There are other groups of refugees that they have been in different countries that they come from very wealthy families and then something happened to their countries, so they left, so their expectations are higher when they come comparing to others.

Having these high expectations and then facing the reality of their situation can cause a lot of frustration for refugees, which makes it challenging for settlement workers to deal with them, especially for workers who deal with them during the first few months when they are still adjusting. Dorothy, a settlement worker, believes that:

That is something.... That’s challenging to deal with and I understand that when there are be -- going to be different expectations. You are going to somewhere else, maybe having a vision of the new life, even get a job, and that I will be happy and everything will going to be wonderful, but a lot of time that’s not how it is and that’s not how they feel when they arrive here. So... and we work with clients for the first few months here and we see that a lot, so that’s something kind of difficult to deal with sometimes.

Azeez also confirmed that dealing with refugees once they arrive is one of his biggest challenges

as a settlement worker because of the frustration and disturbance that emerges after seeing the reality. He said, “That was my biggest challenge always, like, explaining to them, like, well you came here as a refugee, so --- mmm, they will just be disappointed with that.” Ghada similarly agreed that, “This is one of the things that is, kind of, challenging, that when they come, they come with high expectations, but when they come to the reality, like, they have limited income.”

Even though some of the expectations that refugees have about life in Canada look unrealistic (e.g., Fawzeyah thinking she would not have to work), at the same time, if we consider the context from where Fawzeyah came, her expectations might be justified. Knowing that women in Iraq are not obliged to work or to contribute to the family financially could explain why this expectation may seem acceptable and realistic to them. Add to that the role of the media in portraying the lives of women and children in Western countries as easy, and it is no surprise that the female participants in general, and single moms in particular, would think that they would not need to work.

To summarize, most refugees come to Canada with high expectations about the quality of life and the provided services, but once they arrive there is a large difference between what they expected and real life. A lack of accurate and precise information about living in Canada can add to the frustration, as well as having had a high standard of living in the home country and the difference between that and the reality of life in Canada. This gap causes refugees to feel frustrated and disappointed, especially in the first few months, which also makes it difficult for settlement workers to deal with them.

Refugees’ Lack of Awareness about their Rights

Once refugees arrive in their final destination, they encounter new places and new systems that they know nothing about; things operate differently than what they are used to. One of the things that refugees have a lack of information about is their rights in this new place. Most refugees have lived for long periods of time under oppressive regimes where most, if not all, of their human rights have been violated. A lack of awareness and low levels of English language skills make it even more challenging for refugees because it prevents them from understanding their rights. The interviews with the refugees and the settlement workers revealed that most refugees do not know many of their rights. This lack of information makes them vulnerable to abuse. Some of the participants disclosed that they have been abused by people such as their teachers, landlords, employers, and even sometimes the settlement workers themselves.

Feda for example, disclosed a situation of abuse she experienced that related to a lack of information about her rights. Feda experienced abuse from her teacher when she was taking an English course at one of the language centers in Saskatoon. The teacher abused her psychologically, and he tried to humiliate her. She felt vulnerable as a refugee and did not know that it was her right to complain about the situation. She said, “I always felt like a stranger, like I don’t have the right to complain.”

Being abused in the workplace as a result of a lack of knowledge around one’s rights is also another issue that was brought up by some of the settlement workers. Azeez stated that, “There is a lot of Iraqi refugees coming and starting, mmm, cleaning business.” Many refugees prefer to do this kind of work because they “will not have the language problem, you won’t have culture problem, so they can come and start working.” But what happens is that “the employer starts manipulating them in a way that they won’t be paid on time, they are paid less. Instead of talking about minimum daily rate, they have been told, okay, I will give you \$1000 lump sum a month, and that would be cash or whatever.” From the settlement workers’ perspectives, refugees “don’t know their rights as an employee in Canada, so they got manipulated.”

In other cases, the abusers were landlords, taking advantage of the refugees’ ignorance of their rights and their difficulties with English. Noor explained how she felt powerless and unprotected when her landlord asked her to sign some papers, and then later on she discovered that, “The papers I signed were waiving the deposit and he had the right to take it. So he took the deposit and refused to give it back to me.” Noor did not report this incident because, having a refugee status, she felt vulnerable and hesitated to complain. She continued, “but I didn’t complain because I didn’t want to create problems for myself. He took the money and I kept silent, not able to do anything.”

Living for years under oppressive regimes back in Iraq leads refugees to think that obeying the system is the best way to survive in the new country. Zaid, for example, described how he was forced by his settlement worker to live in an apartment that was in a state of disrepair. Zaid explained that he did not know that he has the right to refuse to live in that apartment; he thought that he could not object. He said:

I wanted to rent a home because I have a big family. They told me that you couldn’t do that. It’s mandatory to rent an apartment in [location]. So I said, it’s okay. If the government said this, then I don’t have any other choice. So I lived in an apartment in

[location]. I was forced to rent that place. I lived in a very small apartment full of bedbugs for one year and seven months.

Another incident occurred when he was forced to buy his furniture from a specific place:

“Adding to that, they took me to a store and told me that I have to buy my furniture from this store. I don’t think that’s correct, right?” Later on Zaid realized that he could move to another place and that living in that location was not mandatory.

Feeling stressed, frustrated, powerless, and incapable are some of the many emotions that have been described by refugees as a result of being abused. Fawzeyah shared her experience of being forced by the settlement worker to share a house with two other women. She described how she explained to the settlement worker that she could not live with another person, but the settlement worker would not listen. After moving in, the landlord denied her basic right to use the kitchen or to have guests, but those things were allowed for the other tenant. She said, “I was there for 10 days before I got a copy of the house and bedroom keys. Many times she refused to let me use the shared kitchen or to even cook small meals.” Fawzeyah continued, relaying that, after one month, the landlord wanted her to move out of the house; so she went back to her settlement worker explaining the situation and seeking help. However, the settlement worker “refused, so I became very frustrated and I collapsed. I started to walk in the street, crying, not knowing where to go or whom to ask for help. I started to ask people in the street to help me to make phone calls to help find a place to live because I can’t speak English.”

Settlement workers agreed that, in their experience, one of the difficulties that refugees face is that they do not know their rights in Canada, and this makes them vulnerable to abuse and additional stress. Dorothy affirmed the importance for refugees to be aware of their rights. She said, “They don’t know their rights, so the first thing that they need to know is their rights.” Dorothy shared a story about a client complaining of domestic violence. The client was afraid that her husband might take the children and send her back home if she complained about him to the police. Dorothy said, “She didn’t really know some of her rights. She believed that her husband...that he could send her back. So it’s a lot of not having that education and knowledge and information... So, mmm, they don’t know.” Another woman also suffering from domestic violence wanted help to learn how to cope with the abuse, assuming that being abused is okay and what she needs to learn is “how to cope with that... I told her you don’t have to cope with it. You are a human being. You have rights. You have the right to be loved. You have a right to be

healthy and happy and all these things.”

Not knowing their rights makes refugees vulnerable to abuse either in schools, in the workplace, or even by settlement workers who are supposed to be a source of knowledge, help, and support. These experiences of abuse could cause stress and frustration and may lead refugees to feeling powerless and vulnerable in the face of these violations. Some refugees, especially those who have lived under oppressive regimes for a long period of time, believe that the best way to deal with these violations is to accept and cope with them; others know that they can protest, but prefer to keep silent because they feel vulnerable because they are refugees in another country.

Racism and Discrimination

Refugees are often thought of by the dominant culture as outsiders due to the way they dress, their accent, or even simply because of their physical appearance. These differences might trigger some negative responses in the form of racism and discrimination. A refugee’s lack of information about their rights and privileges as mentioned above can make the situation even worse. Some refugees report that they had experienced or were still experiencing racism and discrimination since their arrival in Canada. They describe their experiences of racism and discrimination in the workplace, school, or other situations. Noor, for example, described how she experienced racism and discrimination in the workplace because of her religious affiliation. She said that it was difficult to find work because “no one hires a woman wearing a veil. No one. It’s difficult to find work.” After looking for a long time, Noor was able to find work in one of the restaurants. She described how the restaurant owner’s treated her. She said, “He destroyed me. He destroyed me. I wasn’t tired from the work; I was tired from him. He was treating me badly. He was treating me with contempt. I was so tired of dealing with him. I was crying all the time.”

Zaid also similarly described how he experienced discrimination in the workplace and how other employees with less experience were being paid a higher salary. He said:

I worked at one of the dyeing companies. I worked there for two years. One of the things that I found difficult is when sometimes...for example, I have more experience than another person and they would give him a higher salary than me, or they would give him a better place to work even though he is new.

Discrimination and racism do not only happen in the workplace, but also in schools. Feda, who

joined one of the language institutions in Saskatoon, described how her teacher was racist and how stressful that experience was. She described her teacher's behaviour as, "He was threatening me all the time, saying that he will send me to a lower level. Sometimes he laughed at me and was teasing me a lot." This experience had a negative impact on her because, at that time, she was new to Saskatoon and had a lot of other stressors to deal with. She continued, "That added to the stress that I already had. I believe that he was doing that because I wear a veil and things like that. I was able to see how he was dealing with other students and it was different from how he dealt with me."

Noor's daughter also had some negative experiences at school. The daughter, Noor said, "suffered a lot. Since we came here, she has suffered a lot at school. She has cried a lot. She tried to tolerate it, but she has suffered. Other girls were teasing her because she is wearing a veil. They were pointing at her, pointing at her and laughing."

Some of the settlement workers reported that they also had witnessed how refugees experience racism and discrimination, either through direct experience when serving refugees, or hearing about situations from other refugees or settlement workers. Ameen, a settlement worker who has some experience dealing with Iraqi refugees who have been exposed to discrimination and racism, said:

At the school level there is some [racism and discrimination]. Kids' communication is, like, "Oh, you know, you used to live in a camp." Or whenever [they] go and play in the parking lot or in the playground, the kids are pushing each other around, so it turns into bullying with the kids there. There are things like that every day.

Ghada similarly witnessed racism directly when she was helping one of the refugee families at a government institution. She heard:

Some white guys started, kind of, doing some gestures and saying some, "Okay, like Canada is bringing everyone." Something like that. It was very offending [offensive].

Clients, like immigrants, are facing discrimination and racism here.

Racism and discrimination also occur when refugees are indirectly treated in a way that shows that they are less important or not equal to other citizens. Colleen, a settlement worker, said:

People feel that refugees and immigrants are different from or are not as important. And that, to my understanding and to my experience, is discrimination. Refugees under different categories come here for humanitarian reasons, which means they have certain

levels of protection and rights. And so if they [do] not receive.... you know, if -- if those rights are denied in any way, this is discrimination. And that happened, unfortunately, more than what we would like it to happen.

Refugees in Canada have experienced discrimination and racism. These experiences happen in different situations such as workplaces, schools, and other everyday settings. A refugee's lack of awareness about their rights and privileges make them more vulnerable to these types to experiences.

Difficulties Entering the Workforce

Difficulties entering the workforce have been a significant challenge for most refugees, which, in turn, is connected with and might create other difficulties such as not being able to adjust to their new life and not being able to integrate into society. They may also not feel that they are part of this society. Within this, there were other subthemes that contributed to the emergence of this theme: discontinued education, no recognition of certification, not having any Canadian job experience, and language difficulties. Below I will discuss in detail each subtheme and then connect it to the main theme.

a) Discontinued Education

Discontinued education and an interrupted or absent career due to having lived in war-torn countries and refugee camps is one of the challenges that makes it difficult for refugees to enter the workforce and find a job in Canada. A refugee who does not have formal education or who had a career that was interrupted by circumstances beyond his or her control faces barriers when trying to enter the workforce in Canada. Some refugee participants revealed that, as a result of war, they left school in the past and were not able to continue their education or their career, which in turn has made it difficult for them to adapt to the education system or to find work in Canada. Baha', a settlement worker, thinks that, "it's hard to get into the workforce," and that because of "the discontinued career and education in the past, it's sometimes very difficult to get and engage them [refugees] in the new learning system." Azeez similarly agreed that one of the big challenges refugees face when they look for employment is a lack of skills and education. From the employer's perspective:

If you need to employ someone, then you would want that the people are ready. Ready means they have qualifications that the employer needs, they have the skills that they need, English that they need, then you can connect the dots and get them the job.

While some refugees have education and work experience that predates their departure from Iraq, others were born in or lived in refugee camps for a very long time and had had no access to any formal education. Safeer stated:

There is a lack of education when they were in refugee camps. Some refugees grew up in refugee camps and have been there for over 20 years, some children are born in refugee camps and grow up there. They don't have any proper system of education. Most of the time because refugees have lived in the camps, so may -- they would never have had a formal education and never had these skills, so you need to work on that with them.

From Aziz's perspective, the challenges that refugees face when entering the workforce center around a "lack of skills, and education, and language maybe most of the time."

Discontinued careers and interrupted or absent education due to living in refugee camps is one of the challenges that makes it difficult for refugees to enter the workforce and find a job. When refugees do not have formal education or they have had an interruption in pursuing their career, they may not have the required skills and qualifications to enter the workforce in Canada. Adapting to the education system in Canada can also be a challenge.

b) Recognition of Certification

The second subtheme that makes it difficult for refugees to join the Canadian workforce is recognition of certification. Even if the refugees have certification in a field, once in Canada they cannot use the certification to enter the workforce directly. Firstly, the refugee must have the certification recognized. The training and required courses must be checked in order for them to be eligible to enter the workforce and get a job in that field.

Interviews with the settlement workers showed how, most of the time, refugees have to take more courses or even redo their whole degree again in order to be able to find a job in their field. Rola, a settlement worker, thinks, "One of the challenges that the newcomers face is the recognition of their credentials is the process of verifying the education and job experience obtained in another country." In her experience, the process of credential recognition is not fair "because, at the end, they need to study more. For PhD, sometimes they need to study for the PhD again." She continues, "Sometimes, yeah... they need -- most of the time, they need more courses to be qualified."

In some cases, the situation is even more complicated; often, refugees were not able to bring their official documents with them. When a person is fleeing, the primary concern is the

safety of their family. Once the refugees settle in another country, they realize that they do not have all or any of their official documents, and this makes life harder both in the transition country and after they arrive in the final destination. Safeer said, “Another big challenge would be most of refugees, when they come, they can’t bring their documents. There is no documentation or education.” Rola similarly agreed that “some of them [refugees] even are not able -- kind of, approve the documents because when they have moved they didn’t have all of their documents.” In this situation, the refugee has to find a way to get their documents or must redo the degree, which can be very frustrating.

c) Not Having Canadian Job Experience

Not having any Canadian job experience is the third subtheme. Many refugees and settlement workers revealed that not having Canadian job experience was a barrier to obtaining jobs. In some cases, they might be underemployed, especially those refugees who hold official university degrees. Sarah, who holds a bachelor’s degree in engineering, stated, “At the beginning, our life here in Canada was difficult. I worked as a volunteer, then I worked for two months in a company since I didn’t have any Canadian experience.” She described the stress her husband endured because he was unemployed, “My husband was very stressed and worried at that time. He was used to working most of the time back home.”

Settlement workers also revealed that, when refugees who hold official degrees from outside Canada but do not have any Canadian job experience, they are often underemployed. Colleen said, “People are forced to take jobs that are, you know, not what they were trained to do or that they felt that they were very much underemployed because they apparently don’t have enough Canadian experience.” Colleen agreed that, even though a person’s certificate is not obtained in Canada, this should not mean that it should be undervalued. Even if the refugee got a degree from outside Canada, they still “have a lot to offer, mmm, but perhaps the Canadian middle-class white people who grew up here their whole life don’t necessarily recognize that there are people who can contribute, even if they don’t speak with a Canadian accent.”

Sarah disclosed how not having any Canadian job experience became a barrier in her family’s adjustment and integration into Canadian society. Often, refugees are not given a chance to acquire the job experience that is required since the employer needs employees who are ready to work. She said:

It’s difficult to find a job here. You have to have Canadian experience and not all

companies give you the chance to start working for them in order to get that experience. All companies need their work to continue, so they don't have time to train you and give you that experience. This is the problem: all companies need someone ready to work. Settlement workers agreed that the problem with obtaining Canadian job experience is that refugees need time before they can gather it, so it becomes a barrier to employment. Rola said, "A lot of employers ask for having a particular Canadian experience and that's something... that's impossible to have when you first arrive, so that's another barrier for employment for sure."

Most refugees do not have the chance to continue their education as a result of forced displacement and living in refugee camps. Even if refugees are able to continue their education outside of Canada, once they arrive in Canada they need to have their certification recognized before they can enter the workforce. It is a long and complicated process, and some refugees are required to take more courses or even redo their degrees. Even when they are certified, some employers require Canadian job experience, which is another barrier that refugees face since it is impossible to acquire the experience once they have arrived when employers are not willing to train employees and need employees that are ready to begin work immediately.

d) Language Skills

Language plays an important role in a refugee's adjustment in a new country, both for daily communication and completing day-to-day tasks. Not being able to communicate in English is one of the challenges that most refugees speak about. From a refugee's perspective, not being able to speak the language makes it difficult for them to adjust to their new lives, to find work, and to be able to do their daily responsibilities. Zaid, for example, described the effect of not being able to speak English and how that was a barrier to building a social network once he arrived. He said:

Language is the most difficult thing I have faced. I can speak Arabic only, so my life at the beginning was limited to people who can speak Arabic. But, you know, there are people from all around the world here and you have to speak English.

Not being able to communicate in English makes it challenging for refugees to do their everyday tasks like shopping or going to a clinic. This forces them to sometimes involve their immediate family members or other people from the community to interpret for them. Wasef, for example, stated that the most difficult thing he found here was, "The language, you know? Whenever I

want to go somewhere, I take my little son or my little daughter with me to translate for me. So any time I go to a restaurant or go shopping, my daughter will be with me. Yeah, something like that.”

Most refugees want to avoid having to rely on their children or others from the community to interpret for them. From their perspective, this breaches their privacy. Mai, a settlement worker, spoke of her experiences:

[Refugees] don't like the idea, you know, of having to tell the kids everything, and the kids having to be the forefront for... as an interpreter, you know, for them. It's difficult for them, and for some of them we say, okay, can we find somebody for you from the community. Also, they don't want anyone from the community to know what is happening to them.

Not being able to communicate in English and the challenges that it creates has a negative psychological impact on the refugees who are trying to adjust and survive in their new community. Ghada stated that, “Language is a huge problem and this causes them [refugees] a lot of frustration. Language, you know, as an adult, it's not easy for you to learn language.”

Language also is a challenge once refugees attempt to enter the workforce. Not being able to communicate in English limits a refugee's chances to find work. For example, Marwan found it difficult to find a job because he was not able to communicate in English. He said:

I can write that [resume]. I can do this and this, but who will hire me? If you are a boss and I give you my papers and ask you for a job and you do an interview with me, once you ask me how long I've been here and I can't answer, you will tell me, oh, go, and we will call later.

Marwan continued to explain how finding a job is a challenge, even with an official degree; not being able to communicate in English limits a refugee's chances of finding work. He said:

Most people who come here try to find a job, but once they do an interview they fail because they don't have the language skills. I know some people who have diplomas. For example, my brother has graduated from college, but he can't speak English. There are no jobs. It's difficult... difficult to find a job.

Maysa similarly confirmed that language has been an issue for her husband who was working as an engineer back home, but because he cannot communicate in English he is working as a cleaner right now. Marwan was able to find work, but, because he wasn't able to communicate in

English, he quit after two days. He described his experience:

One time I worked in construction for two days. When the boss was on the fifth floor, he asked me to bring him something and I didn't understand what he wanted. He got angry at me, so I just escaped. I left everything and escaped.... Yeah, he said to me, "Wait, I am coming to you." I was looking for what he wanted. He asked me to bring him a hammer and I didn't know the meaning of hammer. So I kept looking and looking and then he started to scream. I told him "No understand." He said, "I am coming." Once he said that I escaped and never went back. [*Chuckles*]

Colleen as well agreed that "Finding a job is really hard, especially for those who have a low level of English. There is really not a lot, and there are not a lot of employers who want to accept someone who doesn't have a high level of English." From her experience in dealing with refugees, Colleen described how language might be a barrier, especially for refugees who do not have an adequate level of education, which makes it difficult for them to learn English:

It is very hard for newcomers, refugees -- especially refugees who are not highly educated, so their English is very limited or there is no English. And they come here ...and then when trying to find a job, they can't because of their language. They don't have English.

There are many programs offered by settlement agencies for refugees to learn the language, but an issue for them is illiteracy. Feras agreed that:

This is a very hard, like, step. It's not really not easy for them. Let's take, for example, someone who is 45 years or 50 years old. It's very hard for him to go back to school, a person who spent all of his life working and dealing with many different issues, now he needs to start from the beginning, like -- like little child, he needs to learn how to walk.

Ghada correspondingly agreed that language is a barrier, especially "for the people [who have] never been, like -- if they are coming as a refugees, [it] means they never been in school. Most of them never been in school and don't know how to use the pen, so it's big challenge to enroll them in classes like learn new language."

Azeez revealed that, from his experiences as an immigrant, language plays a significant role and determines other people's reaction toward the person. When the person's accent is similar to a Canadian accent, this will make things easier. He said:

Anybody who speaks the language, walking like the rest of the ducks, then I am okay. If I

am talking, like, I have this face, but the moment I speak exactly the pronunciation of the Canadian native speaker, the reaction will be different toward me.

Language plays an important role in a refugee's adjustment in a new country, either for communicating in their daily lives and being able to do daily tasks, but also if they want to find a job. Refugees and settlement workers stated that not being able to communicate in English makes it very difficult to find a job, even when the refugee has an official degree.

Financial Hardship

Most Iraqi refugees who arrive in Canada have little or no education as a result of having lived through war and in refugee camps for a long time. This, along with other factors such as a low level of language skills, makes it difficult for them to find work. Even if they find work, it is usually low-level jobs such as cleaning. In addition, they must deal with discrimination in the work place. All these factors create financial difficulty. Refugees tend to rely mostly on welfare to be able to survive and to secure basic needs. Fawzeyah, for example, finds it difficult to survive on what the government is giving her. Fawzeyah shared the response of her settlement worker when she tried to seek her advice about how to better manage her financial difficulties. Fawzeyah said:

I told my settlement worker that what they are giving me is not enough. She said, 'we brought you here to provide you with safety, the thing that you don't have in your country of origin, and that's it. Go and find work.' I asked her to help me find a job. She said, 'This is not our business. Go learn the language and find work.'

Zaid also described how he deals with the financial difficulties he is experiencing. He said, "To be honest, I expected life here to be easier. It is true that it is safe here, but if you rely on the government welfare, you have to cancel too many things from your life."

Dalal added that being a single mom made the situation more difficult for her, "because I am a single mom and here you have to run all the day and to work two to three jobs in order to cover your expenses. Do you know until now, since I came to Canada, I am not able to save some money to go and visit my family back home?" Asma similarly described how the financial difficulties that she is experiencing negatively affect her life. She said, "Do you know, the most important thing that made me frustrated during the previous months is money. So I am not able to work and not able to do anything [as a result of critical health issues], so how will I survive with my daughter? What they are giving me is not enough."

Sometimes, refugees are obligated to help their families back home. It is expected that, once the person arrives in the final destination, their financial situation will be good enough to be able to survive and support family back home. Marwan stated that, most of the time, he is not able to attend activities that are offered by the different settlement agencies because he has to find a job to support his family back home. He said:

I was in need of money. Why? To support my family in Iraq. I was required to send around a minimum of \$200, \$300 or \$400, so I had to find a work. They [the government] give you money to pay for rent and to survive, but it wasn't enough because my family was back in Iraq, so I had to send them money. It is difficult, especially at this time because everything is expensive.

Settlement workers also agreed that financial difficulties are one of the most important factors that affect a refugee's life, especially once they arrive. Ghada stated that, "they [the government] are not following the increase of the life cost so, yeah, you are giving them the same amount of money that you were giving them, like, 10 years ago." Rola similarly agreed that what the government covered for refugees "isn't enough for them, for transportation, for, like, very basics. They can, like, afford just basic things, very basics actually."

Before arriving, refugees usually expect to live like the average middle-class Canadian and to have a debt-free life. Most of the time the refugees find themselves starting their lives with debt because, once they arrive, they have to pay for the plane ticket and for a physical checkup. While some refugees arrive in Canada with just a few dollars in their pockets, other arrive with extra debt because they are supporting people back in the transition country. Being requested to pay for the plane ticket means, for some families, they will be in debt for the next three to five years. Safeer said, "When they [refugees] sign the document in the refugee camp, they don't understand what they are signing. The day they arrive we send a copy that you do owe this many of dollars you have to start paying off." Safeer continued, saying that refugees usually tend to use the money given by the government "to survive for the starting family, for the food, for monthly rent." And at the same time, "they have to make some money from this food or from clothing and start paying minimum of certain amount of dollars a month [for the government]." He confirmed that refugees have to make payments within the first three months of their arrival, otherwise they will not be able to "apply for citizenship and they will not be able to travel anywhere outside Canada because they are not paying their loan."

Financial difficulties are one of the issues that affect refugees most. Unemployment and low payment from the government coupled with an expensive life make it difficult for refugees to start their new life without more stress and pressure. This is compounded when refugees have to start their lives with debt because they need to pay the cost of their journey and their physical checkups, which creates a huge burden on the newly arrived refugees.

Adjusting to a New Life

Moving involuntarily to a new place that is different from one's own country, not being prepared to leave, and a lack of information about the host country are some of the challenges that refugees encounter. Once refugees arrive at their final destination, their main goal is to settle down and to start a new life. Refugees usually have come from difficult life experiences and circumstances, and usually they just want to be done with all of that. Living in refugee camps where normal life situations are different from what they find in Canada imposes a huge burden on them; they must change their view and understanding of what "normal life" looks like. Azeez believes that:

Refugees' life hadn't been a normal life. They have been living in very difficult situations, while there is war, if they have been living in refugee camps. When they come here, mmm, it takes a long time to become a part of normal life because normalcy hadn't been a part of their life for almost all of their lives.

Dorothy agreed that there are a lot of stressors that refugees have to deal with once they come. She stated, "I think just starting from, kind of, the beginning, it's, you know, going through the whole immigration process, assimilating, like, understanding, trying to get their culture and mixing them with the Canadian culture."

Iraqi refugees who participated in this study agreed that adjusting to a new life was one of the main challenges they have faced. Adjusting to the culture and getting used to the different way people interact and connect might be another concern for newly arrived refugees. Maysa stated:

Of course it is not like our culture where you know all of your neighbours and spend good times with them. People here are very practical. They don't have a lot of time for social relationships. It is difficult for us to adjust to that because we are not used to this. But this is a reality that we have to live with and adjust to. When the person comes here, they will find it difficult to adjust.

Learning the language is another difficult challenge to adjusting. Marwan described how difficult it is to be in a new country where a different language is spoken. He spoke of feeling hesitant to talk at times because of not having a good command of the language. He said, “When you are with your family and arrive in a new country with new people and a new language, you feel hesitant to talk to other people. I would say that it takes a very long time for people to start to integrate into the new society.” Maysa also agreed that arriving without proficient language skills played a significant part in her adjustment here. She disclosed, “For the first two months that I lived with my sister, I was crying every day. I found that life here is very difficult and I wondered how I will pay all of my expenses. I was eating too much. I gained 14 kilograms in two months.”

Weather and the transportation system were other pieces that refugees found difficult to adjust to. Marwan stated, “It is very cold here, and, you know, in our countries we don’t have cold like this. It is sometimes 30 or 20 below zero.” Mai, a settlement worker, believes that the effect of the weather and the difficulties that it creates in people lives should not be ignored. She thinks that “one of the challenges that refugees have [is] the sharp contrast weather, you know, even people that are born here they find weather very difficult, so now think of people [that] are coming from, you know, that places.”

Understanding and adjusting to the concept of time can be another issue. Refugees have lived in conditions where time is not an issue. Refugees who have lived under fire have other priorities to think about and take care of; these individuals often find it challenging to acknowledge the importance of time and have trouble adjusting to the Western conception of time. Rola talked about her experience dealing with refugees and how difficult it is for them to pay attention to and place enough value on being on time. She said, “Some of them [refugees] don’t, mmm, let us say, know that when you have, like, nine o’clock, you have to come at nine o’clock, not, like, any time or after half an hour, or if you don’t show up, please just leave. Call and say.”

As a result of living in a war-torn country and in refugee camps where there are no regulations or systems in place, refugees develop certain ways of dealing with and solving their problems. Moving to a new country where people have to follow the rules imposes an enormous challenge on refugees and on the workers who deal directly with them. They need to understand and adapt to the new system and to learn new ways of getting things done. Azeez said, “You will

see refugees come and they wouldn't come on time to the job or they would not trust the system or they would try to find [a] manipulative way to find the work to get the work done.” David, a mental health professional, added:

Coming from a country which I would say, mmm, a third-world country, like – mmm, there are not so many rules to be followed and just coming into a place where the expectation from each and every one is that just to obey by rules, keep on appointments, doing things, like, orderly, not doing things under the table...so such things.

Another issue that can challenge refugees is the huge amount of information that they get once they arrive. Upon arrival, refugees are given information important for their adaptation and integration, but this information is often overlooked due to poor language skills. Azeez stated, “When I was a refugee, back home I had nothing, but when I came here I started getting access to information and resources, with a lot of it I didn't know where to begin and what to do.”

The host country expects the refugee to adapt and integrate quickly and easily because they are now safe and have supports available, but the reality is very different. Refugees arrive in a new place, having fled from a life filled with trauma. Some refugees might have mental health issues. Azeez confirmed that these high expectations from the government and the service providers impact how services are designed in terms of the quality, quantity, and time period. He stated, “When refugees come, whether from war zone or from camp, it's a heaven for them, right? They find safety, security, shelter, food, but probably our expectations as well that how quickly this person should come and settle down and integrate; that's different.” Safeer spoke of change to the length of time certain services are available to refugees: “The [settlement services] used to be for three years while we are taking refugees' hands; now, it is only one. So the government wants to proceed with this to make sure that family [is] independent as fast as possible.” Most of the time, independence is difficult to achieve.

Safeer also confirmed from his experience that the timeline for the services offered to refugees is not enough. Some refugees might be able to be independent within one year, while for others it might take years depending on their level of education, their English language skills, and their ability to access and use the offered services. Refugees who are not able to access the programming offered may be delayed in their adaptation. Safeer stated:

So [if] there is a single mother with three, five children, so they didn't get the chance to go and educate herself, she doesn't get the chance to go and, kind of, learn English and

do this for three or four hours, they maybe -- sometime they will attend evening classes or Saturday classes. In those situations, those women need help all the time. Like, probably a year is not [enough].

Starting a new life in a new country that is drastically different from their home country is a stressful experience. Adjusting to the weather, the transportation system, how things operate, and the concept of time is not an easy mission for people who have lived under fire and in refugee camps for a long time. Refugees come with all their traumatic memories and are expected to adapt and integrate to the new place within their first year, which, from a participant's perspective, is an unrealistic expectation.

Mistrust between Refugees and Settlement Workers /Feeling Devalued and Disrespected

War trauma is considered to be a type of interpersonal trauma since it is caused by other people (e.g., Charuvastra & Cloitre, 2008; Kessler & Merikangas, 2004; King, King, Gudanowski, & Vreven, 1995). The topic of interpersonal trauma has had much attention in trauma research literature. Previous research found that this type of trauma has a more devastating effect on its victims because it is usually caused by other people (King et al., 1995).

Issues of trust and mistrust are a result of interpersonal trauma. Victims of this type of trauma tend to mistrust the people around them as a survival strategy. In the case of war trauma, the issue of trust becomes even more prevalent when people who belong to different groups live together, so, to stay safe, the traumatized individual is unable to trust anyone.

The relationship between refugees and their settlement workers are very important in the first period of a refugee's life in Canada. Settlement workers are the first people refugees meet once they arrive in Canada. A settlement worker's mission is to lead and guide the refugee in their journey and to help them settle down. If this relationship is not secure and trusting, refugees can find themselves lost and confused in this new place. After living for years in different places where their rights were violated and where they have been humiliated and marginalized, refugees flee looking for better living conditions for their families, where they can feel valued, respected, and trusted. This all happens while refugees are in the process of forming their new identity as refugees, which is a critical step for them. If their expectations are not met, then more stressors and frustration will emerge. The interviews showed that one of the challenges that refugees face is a lack of trust in their relationship with people around them, beginning with their family members, friends, their community, and finally the settlement agencies that are supposed to help

them. Issues such as mistreatment, humiliation, breaches of confidentiality, and not being served adequately are some of the other issues refugees spoke of. Noor is one of the refugee clients who complained of being mistreated by settlement workers and others who work at one of the settlement agencies. She disclosed:

There are too many things that happened in [settlement agency]. I don't want to mention everything. But there are too many things that happened....It's, like, when you go they start to complain about us. It is not only me. I asked other women who were with me [refugee women] to make sure that it is not only me and to go and complain to her. All of them know... I asked some of the women and all of them said that she was treating them the same. She [one employee] treated all of us the same. Sometimes if we call, she hangs up the phone screaming at us.

Noor, along with the other women, decided not to complain because she felt like an outsider and like she does not have the right to complain. Noor felt vulnerable because she is a refugee in a new country and, because of that, they all decided to remain silent. She continued:

They told me to go and complain to the manager about her, but we didn't. We [she and other women] said we don't want to create problems for ourselves. It is like we don't want them to say that you came here as refugees and you started to make problems, so we decided not to complain.

The way they decided to deal with the situation was "not to talk to her, if we need anything we will go and talk to the other worker. Or sometimes she would turn her face away or make herself busy and be unaware that we are there. Yeah, something like that, negative and unpleasant things."

Asma also described an incident after she arrived in Canada where she was asked to sign some papers by her settlement worker, and she did so without knowing what they were for. After she changed settlement workers she discovered that the papers were important for her status in Canada and she did not give enough information on them. She said, "My settlement worker asked me how I signed them if I don't know what they are about. I told her that that worker brought an interpreter who speaks Arabic, but with a different accent and I didn't understand anything."

Zaid also complained that he feels that they are not valued as refugees and their issues and time are not important to the settlement workers who are supposed to help them. He shared

one of his experiences: “Some people who work there, their appointments are accurate, and some are not. If he gives you an appointment at 10 a.m., you would take leave from your work to finish some of your papers, and your appointment is at 10, and, if you are lucky, you see them at noon.” He continued that workers sometimes are not there at all, even when an appointment had been set: “Sometimes they won’t come until they call them many times from the speakers.” He continued to explain how some workers show disrespect to clients: “It is very normal for him to stand and start kidding around with another employee about something not related to his work and I am waiting outside for them to finish their chatting.”

Unlike Noor, Zaid decided to complain. He believes that it is not fair for him since he has to take leave from work and that costs him financially. Zaid believes that he has the right to be fairly served. He said:

One day I complained to one of the workers who works at the [settlement agency]. I complained to him because my time is valuable too, not only yours. It’s, like, if I come to you every day and I leave you messages and you don’t have time for me, I think it is one of my rights to complain to you because you are not doing your job the right way.

One would expect that dealing with someone from the same cultural background would improve communication and benefit the refugee; however, this is not always the case. Issues like religious or political affiliation, as well as current conflicts that are happening in Iraq now, have negatively affected the professional relationship between the settlement workers and the clients. Zaid revealed that one time he had a conflict with an Iraqi person from the community and when he went to the settlement agency for services, he surprisingly found that his settlement worker had sent his folder to another worker because he did not want to deal with him. Zaid described how this settlement worker started to treat him after this incident: “Every time I go there he avoids talking to me. Or if he talks, he talks in a way like he wants to fight with me. Can you see how issues outside work could affect our professional relationship [as a settlement worker and a client]?”

Noor also disclosed that sometimes she has been denied some services when the workers are busy or have other issues. She said:

They were supposed to help us with everything. Like renting houses. You know, they would look for houses for us, but they would whimper all the way. They would say to us “Don’t start putting conditions. You have to accept anything. We also have families and

other responsibilities.” Many times we asked [settlement agency] workers to help us with something and they refused.

She continued:

There are many things that we would ask them to do for us and they would refuse. Like, coming with us to an appointment, or, for example, helping us with paperwork or guiding us to specific places. But they refuse and we have been here for only 9 months. They were saying, no, you have to be independent now. I am still new and can’t speak English.

Confidentiality is another important issue between settlement workers and their clients. People who have experienced interpersonal trauma show a lack of trust in other people. Living under oppressive regimes and experiencing difficult situations such as sanctions and wars does not make it easy for refugees to trust others. This is considered a method of self-protection. Under fire and armed conflict, people learn to not trust anyone. Refugees come to a new place and they have already learned not to trust anyone, so an important facilitating tactic is to gain a refugee’s trust so that they can open up and feel safe. If settlement workers do not succeed in gaining their client’s trust, then their relationships will be superficial. Breaching confidentiality is one of the factors that might foster distrust in this professional relationship. Noor disclosed that one of the negative experiences that she had while she was dealing with one of the settlement workers: “We shared with them very private issues and we hear it from other people from our community. It is like I shared this with you and I hear it.”

Rola also agreed that sometimes settlement workers have breached the trust of their clients. She said:

I find some people; they sign contracts without seeing the house, just trust the counsellor [settlement worker] because they are from the same community or the same culture. They will think that--It’s happened. They will think that’s okay if you do... Like, they will ask the counsellor [settlement worker] would you live in this place, and the worker would say yes. And then when they go there, they find it’s, like, full of bed bugs, a very small place, dark... They wouldn’t live there.

David also has had an experience with a client who refused to live in the house that was rented for him by his settlement worker, and they refused to listen to him and forced him to live in that house. As a method of protest, he tried to commit suicide. He said:

It was an Iraqi refugee who came here to Canada almost, like, seven days before presenting to the emergency department. He was presenting with overdose. So that overdose, like, it seems that it was precipitated by some issues related, like, to choosing a place for him, like, where he will go and live. So, mmm, actually, he was refugee who came from [country], so I think there was some kind of disagreement between him and the settlement agency about choosing the place where he needs to live. So as a sort of, mmm, protest, like, I think that, mm, he did overdose and didn't want to live in that place, but he had, like, some prior psychiatric history.

Where the settlement worker is a refugee and from the same background, issues of mistrust and conflict become more complex. Some participants stated that they were assigned settlement workers who share the same language and background with them, but since they have different religious affiliations this caused conflict. Noor, for example, was assigned a settlement worker who has a different religious affiliation, and, as a result of that, she experienced conflict with him, which caused her physical health condition to worsen before she was transferred to another worker.

Issues of respect, being valued, trust, and confidentiality are essential components in the refugee and settlement worker professional relationship, especially for refugees who are forming their new identity as refugees in a new country. Refugees who live for a long time in places where their basic human rights were violated are seeking refuge in a new place, hoping to be valued and respected. If these components do not exist in this service provider-client relationship, then many barriers emerge that can prevent refugees from utilizing the services available to them. Confidentiality is also an essential component in the service provider-refugee relationship. If confidentiality has not been respected, then the settlement worker will lose the refugee's trust, which also affects their professional relationship.

Feeling of not Belonging and Losing the Sense of Control: “Whatever we find here, our roots are there”

While refugee participants feel relief to have fled from the war and its dangers, and feel gratified to have made it to their final destination, at the same time they often feel that they do not belong in Canada. They feel that their roots are still in Iraq and whatever they find here they continue to feel like outsiders. Refugee participants feel that they are not as valued and respected in this new place as they were back home. They feel that they lose their values and status. Wasef,

for example, explained how a person is considered an outsider once he leaves his country. “Even after you immigrate to another country, you are still an outsider.” Dalal also described how she feels devalued and disrespected as a refugee in another country, and how she lost her significance once she left Iraq. Dalal is expressing her grief for the status that she lost as a result of leaving Iraq. She said:

There is a proverb in our culture that says whoever leaves his home will lose his value.

When I was in my country, I felt different than here. I felt I am like a queen, but here, no.

Here, no. The war destroyed us, destroyed us a lot.

Some participants spoke of not feeling equal to other citizens and they do not have the rights and privileges that native citizens have. Fedra, who experienced discrimination because of her religious affiliation, felt that she does not have the right to complain or even express her feelings of discomfort. This feeling led her to feel that she is not a member of this society and she does not belong here. Fedra disclosed, “I always feel like I am an outsider and I don’t have any rights. I don’t have the right to complain, so I didn’t complain... I didn’t complain.”

Being away from their family members and not having that social support leads some participants to feeling lonely and like they do not belong. Once refugees arrive in their final destination, a place that is often very different than, and far from, their home country, they often feel like outsiders. Asma said, “I really feel like an outsider. I didn’t feel that way when I was in [transition country], but once I came here I felt that I was lonely here without my family and my mother.”

Other participants believe that their residency in Canada is temporary and one day the war will end and they will be able to go back. They assume that this is a temporary station in their lives and, as a result of that, they try to deal with their daily issues and avoid planning for the future; they do not consider what a life in Canada might look like, but rather plan for a life in their home country. Sarah, for example, believes that, regardless of the war that is still ongoing, at some point in her life, she will travel back to Iraq to spend the rest of her life there. She said:

My mom and dad returned to Iraq a few months ago. They said, “We are old now and we wish to die there.” I myself find it difficult to die here. I don’t know why. Whatever we find here, our roots are there.

Feeling proud of their origins and missing their country seemed to be another way of expressing the feeling of not belonging. Participants tried to keep ties and connection to their original

country that was valuing and respecting them that give them the sense that they still belong to somewhere. Wasef for example, revealed that he feels safe here, but, at the same time, his mind and heart is with his family back home. He feels proud to disclose his origin and to keep attached to his country. Wasef tearfully disclosed:

No one can deny his origin. My origin is Iraqi and I will never forget my origin.

Whatever I find here, it will be nothing like Iraq. I will never forget my origin. There is nothing better than one's country. I am here now, but I am not happy. There is nothing like my country [*cries*].

Forced displacement and involuntary migration might be a reason for a refugee's feeling of not belonging. This displacement creates feelings of losing control over their lives. They were never given the opportunity to choose or have time to prepare themselves. While immigrants have left their countries voluntarily, have excitedly prepared themselves and their family to travel, refugees have been forced to leave their country; they have fled for their lives and left everything behind. In some cases, they did not even have the chance to say goodbye to the families they left behind. Ghada stated that, for refugees, "it is not their choice to immigrate...but [for] immigrants, it's, like, up to you. It's, like, voluntary. You wanted to come to Canada." From her perspective, refugees "suddenly found themselves living in a different country, different weather, different culture... having to speak another language. They didn't think in the past that they would really have to learn a foreign language, and this is a very difficult step in their life."

Wasef continued to express his sense of losing control over his life. From his perspective he never chose to leave Iraq and if it was his choice he would continue living there, but he was forced to leave. Wasef as well expressed how much he tries to keep ties and connections to his country and how the decision to leave was painful to him. Wasef tearfully continued:

It is very difficult as I told you. No one chooses to abandon his country and his family. It is very difficult, but we have been forced. We have been forced. There was death there, you know? No one chooses to leave his country. Your land is like your mother, but we have been forced.

From the participants' perspective, being forced to leave creates the sense of losing control over their lives. They have not been given the chance to choose or to prepare themselves. In this case, the only way they protest against this new reality is by refusing to participate in the

new society and to be effective members of it. They try to gain control again by choosing not to do things. For example, they might rely on government assistance and do not make an effort to look for jobs. Feras confirmed that, because refugees have been forced to leave, they, “don't show any interest in contributing into the Canadian society... Like, some of them, they have this feeling, ‘I didn’t choose to come here, I didn't want to come here. I don't know anything about the language, the culture, the administration, the system, so I am not under the obligation of working or waking up in the morning, going to find a job. What the government gives me is enough.’”

Before a person’s refugee application is accepted, they may have little to no information about the country that they are destined for and most of the time they are not given a chance to choose where to go. Feras continued, “They don’t know what's Canada. It’s a country somewhere, but they were not really expecting how life would be, how culture would be, and people.” Feras also commented that refugees who have this attitude often try to find excuses for their behaviour: “‘Oh I didn't choose to come to Canada, so I am still under the government sponsorship and I can't do this stuff or that different stuff.’ So this is always the excuse.”

In refugee camps, some individuals will not put any effort into building community or a sense of belonging since they know it is a temporary situation. Like a habit, this behaviour might continue even after they arrive in their permanent and final destination. Feras stated:

Being in the refugee camp, it's something new for them. It's something which [is] strange. It’s only that short period of living in war and having that experience. Maybe that experience has affected some people having that negative attitude toward that society and -- yeah.

Issues like not looking for jobs, not having the motivation to learn the language, being dependent on the settlement agencies, and no motivation to learn how to do things by themselves have been described as some of the behaviours that refugees might use to reflect and show their feelings of not belonging and their struggle to integrate. Rola stated that:

Sometimes the client doesn’t want to... Like, for instance, if we are doing, like, filing a form for citizenship or for permanent residence, like, renewing the permanent residence card, there are so many documents [that] has to be arranged and prepared and provided, and so many dates...the address history or the employment history. Sometimes they are lazy to even think about it or bring it ready. They just want us to just fill out the form

and ask questions and write everything.

This sense of not belonging, dependency, and low motivation to learn makes it sometimes difficult for settlement workers to deal with refugees because, in this case, refugees require more effort and assistance to serve them. Feras stated that, “It's difficult to deal with refugees” because “you need to spend a lot of time. You need to do a lot of work with refugees to help them because they have a lot of -- they are always in need.” In his experience, Feras stated that settlement workers

can't really rely on them [refugees] doing their own stuff, so they always need assistance. You keep always teaching them, you keep always giving them instructions, advice, information, orientation...you see that they are always in need. They need help with the same question, with the same problem, with the same kind of problem.

In conclusion, even though refugees feel relieved and safe once they arrive in Canada, most of them feel that they do not belong and that they are not a part of this society. Being forced to leave their country, not being prepared to leave, and not having the choice to come to Canada contributes to this feeling. In other times, racism and discrimination, living in refugee camps, which is considered a temporary situation, may be the reason behind the development of these feelings.

Refusing the Refugee Identity

Once refugees flee their countries and decide to seek refuge in another country, their status changes from citizen in their country of origin to refugee in the new country. This change in identity occurs over three stages: the initial journey to seek asylum, the time spent awaiting a decision on the asylum application, and the period after receiving refugee status. Refugees are expected to be comfortable with the new label, but the fact is it takes time to adjust. In the refugees' case, they have been forced to leave their country of origin and often migrate to a new destination that is often not of their choice, so forming and internalizing a new identity can be a challenge. This challenge can be more significant where the host country is significantly different from the home country (like in the case of Iraqi refugees who participated in this study and live in Canada that is very different from their own country), and also when they feel unwelcome or unwanted in their new home.

The interviews revealed that most participants tend to disassociate and separate themselves from the new identity label of refugee. Most participants stated that, once they

entered this country, they left this label behind and do not consider themselves to be refugees anymore. They revealed that they do not accept the label and do not want to be called refugees. Often, they will introduce themselves as immigrants or Iraqi citizens.

I first experienced the issue of refusing the refugee identity during the recruitment process, when one potential participant phoned to express his interest in participating in the study. When I asked him about his status and if he had come to Canada as a refugee (since this is one of the screening questions that I have to ask before I set up a time for the interview), he emphasized that he is an immigrant. I explained to him that this study is about Iraqi people who have entered Canada as refugees. After a short conversation, he made it clear that, officially, he is considered to be a refugee, but he is not comfortable with the label and usually introduces himself as an immigrant. He further explained that he does not like to introduce himself as a refugee because of the negative stereotype attached to the term; he believes that refugees are seen as poor people who live in refugee camps and who come to Canada to live dependent on governmental assistance.

Another experience with refusing the label refugees was also during the recruitment process when I got the help of one of the community members who contacted some of her refugee friends to tell them about the study, reported that most of them refused to participate once they knew that the study was about refugees in particular. From their perspective, they do not like to use the term refugees because being called a refugee activates stereotypes about living in refugee camps and a poor standard of living.

During the interviews, one of the questions that I have asked is, “What does it look like to be a refugee?” Marwan expressed his sense of being homeless and forced to be away from his family, land, and country. Marwan answered:

Okay. You know, I don’t like... it’s like I am saying that I am here now.... Like, the meaning of refugee is a person without family, without country, without anything...

Yeah, refugee means homeless, right?

Zaid also revealed that he does not like to be called a refugee. From his perspective, being a refugee might close doors in his life and hinder his integration in this country. He said, “I don’t like the word refugee because this word might become a barrier in a person’s life. I try as much as I can when I talk to anyone not to say this word.” Zaid associates the word refugee with being abnormal. He understands the word refugee to mean that he is not normal and not equal to other

people. Most of the time, Zaid said he tries to avoid introducing himself as a refugee so he can continue my life like other normal people. It's like this person is different from other people because he is a refugee. Once we came, we were refugees. Now, no. We are like any other people. Once I entered this country, this issue was over. I left it behind me."

Noor correspondingly feels that this word might be a barrier and they try not to use it in her daily life. From her perspective, being a refugee means that you are less valued as a human being and you have fewer rights and privileges compared to original citizens or even immigrants. Noor disclosed:

Refugee? [*Chuckles*] It means something not good to me. It's not good when you feel you're a refugee. It's like you've left your country and you are living here. You are a refugee and you don't have the same rights as us. It's like contempt, right?

Maysa commented that they were forced to leave their country and they did not choose to flee. She revealed that the word refugee makes her anxious and brings up feelings of loneliness from being away from her family and country, but, at the same time, when she looks at what is happening in Iraq right now, she feels relieved and satisfied that she made the decision she did. Maysa said:

We came here because of our country. If we were happy and safe there, we wouldn't have left. I feel confused and nervous when I hear this word. I feel deprived of my country. I miss my family, my people, and my country, but when I see the killing and the stealing, I never think of going back.

Wasef similarly agreed that the word refugee for him is "difficult, it's very difficult." He expressed his feelings of powerlessness and helplessness about not being able to change the situation. From his perspective, it is not easy for anyone who belongs to a country that is full of resources and has such a deep-rooted history as Iraq to seek refuge and to be called a refugee in another country, but "what can we do? Our country is full of resources. It's difficult for every Iraqi to call himself a refugee, but what can we do?" He feels proud and honored every time he talks about Iraq and does not know who to blame for what happened there, "and it's the country where we were born, raised, and lived. It's everything to us, but we don't know who to blame."

In general, the participants tried to disassociate themselves from the identity label of refugee. They revealed that this word makes it difficult for them to integrate in society and be part of a community. Some refugees try to introduce themselves as immigrant to lessen the

negative impression of the word refugee and to feel equal to other people, while others make sure always to introduce themselves as Iraqi citizens who belong to Iraq.

Staying Connected with the Home Country and Feelings of Guilt

While the settlement agencies assume that, once the refugees arrive in their final destination, they leave everything behind and start a new life and integrate into the new society, most refugees report that this is not the reality. As a result of living in a violent environment, refugees describe having feelings of vulnerability and persistent concern with regard to their family's safety. Even though refugees have fled from their country and they try to start a new life in the settlement country, they are still connected to their families back home and still concerned about them. Most refugees who participated in this study disclosed that they are continuously thinking of their families and friends back home; they are physically here, but are psychologically living back at home with their friends and family. The situation becomes even more complicated since refugees are not allowed to return home again, and, at the same time, it is difficult to bring any of their family members to Canada. As a result of that, refugees feel as if they are living in a prison. Zaid, for example, expressed deep feelings of guilt because he is living in a safe place while his family back home is still in danger. He disclosed, "What makes me feel sad is that I am living here, living a good life, while they [his extended family] are suffering there. They are like a tree with its leaves falling one after another." He described having fear about receiving bad news about his family members. He revealed that, sometimes, he is afraid to answer the phone because he fears it might be bad news. He said, "Believe me, sometimes I don't answer the phone for one month. I don't answer the phone when they try to call me. I feel afraid and scared that this call might be bad news, that someone has been killed or someone is injured. Zaid stated his wish to find a way to bring some of his family members to Canada, even for a short visit, since he, as a refugee, cannot go there.

I wish. I wish we could have the chance to bring our families to visit us here. Even once a year and we will pay for it. We couldn't go visit, so I wish; I wish they would consider this. We need to see our families once a year.

He believes that, if he can see his family, his life will positively change: "We need to see someone from our family once a year. If this happens, I am sure our lives will change. If we can see our families, we will have more hope and we won't feel as if we're living in a prison."

While some refugees try to avoid contact with their families, other refugees describe their persistent fear for the safety of family left behind in Iraq and their desire to keep in regular contact with them and monitor their situations. Wasef tearfully shared how difficult it is to live away from family and friends who live under fire. He watches the news in Iraq every day as a way to stay connected with them. For him, “Iraq is my country. [*Cries*] My father and my mother are there now. They are disabled and can’t come here. I wish that I could visit them, but I am not allowed to leave Canada and it is dangerous to go there.” Wasef continued that he thinks of his family back home all the time: “I have to see the news every day. There is a channel on TV where I can watch live news from back home every night. My thoughts and spirit are always there with my father and mother. It’s difficult to live away from them.”

Most refugees expressed a hope to see their families again. Dalal, for example, who has not seen any of her family members since she left Iraq 19 years ago, similarly confirmed, “I haven’t seen any of them in person. I see my mother on the Internet only. I would like to see them before I die. I talk to them always through the Internet. Their lives are very difficult.” Asma also expressed her hope to see her mother again. She wanted to bring her mother here so she could feel safer and less lonely in her new home, but she has been told that it is difficult, maybe even impossible: “I hope a day will come where I sleep in her [her mother’s] lap.” She continued, “I wish I could bring my mother here. I would feel like someone is beside me. Every time I call my family back home, they cry. They want to see me, but it’s difficult to bring them here.”

Another issue affecting the refugee resettlement process is the high expectations of their families back home. Once refugees have their applications successfully accepted and they have arrived in the settlement country, their families back home start to have high expectations from them, that they will be able to help out financially or help them to flee the country. These high expectations impose more stress and a sense of burden on a refugee’s shoulders and create mixed feelings of powerlessness and helplessness, especially when refugees cannot meet their families’ expectations. Noor expressed how powerless she feels because she cannot bring her brothers here. She said, “I wish, I wish I could bring my brothers here, but I can’t. It requires a lot of money. I wish that I could bring at least my youngest brother. I wish.” Zaid described how powerless he feels because he cannot help his family, “but what can I do? I can’t do anything. I

can't sponsor them. I have to have a lot of money in my account in order to be able to sponsor them."

Some refugees feel guilty because they are away and not able to provide support when their families need it. Zaid felt sad and frustrated because he was not able to go to his mother's funeral when she died:

The big shock for me was that my mother died and I wasn't able to go and say goodbye to her. My pain is big; she died and I wasn't able to go see her. This is a big problem for me. Even now when I laugh, it's not from my heart.

Other refugees experience these feelings of guilt because they are in a safe place while their families are still living with war. Wasef said:

I always think of my mother and father. It's, like, difficult to be away from them. It's, like, how to explain it to you. I am a human and I have morality. I feel guilty. I feel that I have sinned. I would like to stay with them, but, because of my children I left. I didn't leave to flee from death. Death is in God's hands. Wherever you are, you will die. I flee for the safety of my children; I don't want them to suffer like me.

He tearfully continued, "It is difficult to call my parents, but there is nothing that we can do."

Even after they arrive in a safe place and settle, Iraqi refugees continue to think and worry about their families back home. Refugees feel guilty and ashamed because they live in a safe place while their families do not. Some refugees try not to call their families continuously because they do not want to hear any bad news, while others try to keep up a continuous connection with them either by calling them directly or by watching the news. Family members back home usually tend to have high expectations from their family members who successfully flee. They expect them to help financially or help to flee the country, and these high expectations add more stress to the refugees' lives and make the settlement process more complicated.

Loneliness and a Lack of Social Support

Moving from a collectivist-style culture⁵ (e.g., Iraqi culture) to an individualistic-style culture⁶ (e.g., Canadian culture) can be very challenging for Iraqi refugees (Ghareeb, Ranard &

⁵ Collectivistic or socio-centric cultures are "societies that stress cohesiveness, strong ties between individuals, group solidarity, emotional inter-dependence, traditionalism and a collective identity" (Bhugra & Becker, 2005 p.22).

⁶ Individualistic or egocentric cultures are "societies that stress independence, loose ties between individuals, emotional independence, liberalism, self-sufficiency, individual initiative, and autonomy" (Bhugra & Becker, 2005 p.22).

Tutunji, 2008). Not having extended family members here has made it difficult for the participants to find someone to share their stress with. Participants revealed that they feel lonely and have no support from the community. When I asked the participants what they usually do if they feel stress, some of them revealed that they try to avoid the stress. Marwan said, “Mmm... Like... I don’t know where I go... Like, my wife... my family.” Sometimes they try to share their stressors with spouses, but “both of us are stressed. Both of us are... you know, we are away from our families and we are worried about them. So to be honest I don’t have anyone to ask for help when I feel stressed.” Zaid said what he usually does when he feels stressed is “try to sleep... like, to be honest, I don’t have anyone that can help me.” Marwan similarly confirmed that he tries sometimes to discuss his stressors with his wife, but they are both stressed. He said, “Like, my wife... sometimes my wife.”

Asma also confirmed that, when she feels stressed, seeking help from people around her is not an option. From her perspective, everyone has their own problems and people shouldn’t bother each other with their issues. She prefers not to share her stressors and problems with anyone. What she does when she feels stressed is “Cry. Once I cry, I feel relaxed. I believe that everyone has their own problems and I don’t want to add to their stressors, so I always keep things inside and cry. I sit by myself and cry.” Wasef revealed that what he usually does if he feels stressed or upset is “I go for a walk, driving or walking.” Even if he would like to share his issues with his friends from the community, he cannot because “the problem here is there is no friends. There are some friends, but you can only see them in the weekends. That’s the way it is. And on the weekends, they try to do some household things. Yeah.”

Other participants revealed that, since they do not have their families with them and they have not created many relationships here in Canada, they try to stay in contact with their friends back home. Fawzeyah stated, “When I feel stressed, I sleep. Sometimes I cry and sleep, but if I decide to talk, I call that girl back home that I told you about. I call her and talk to her.”

Only one participant revealed that she has friends that will listen to her and give her advice. Dalal has been living in Canada for a long time and has some trusted relationships that have helped her during stressful times. Dalal, who was living in Saskatoon for five years, stated: “I have a friend that I feel relaxed with when I talk to. We sit together, talk, and share our problems and give advice to each other.”

Avoidance and social support are two ways some refugees usually deal with their

stressors. As a result of moving to a new place and losing old relationships, refugees disclosed that, most of the time, they tend to either avoid dealing with the situation or look to relationships from back home for support. These strategies might help them to reduce the level of stress, but, at the same time, they are not effective in changing the situation.

Family Relationships

Once refugees arrive at their final destination, they start to face a new reality and a new culture that is different in many ways from their own. Family relationships and roles in Iraq are drastically different from Canada. These discrepancies create conflict in the family, especially when some family members want to assimilate and take on the new role in the new culture, while others want to hold onto the old ones. Below, I will discuss some issues related to family relationships and the effect of settling in a new culture. Issues of family conflict, domestic violence, and the new structure and dynamic of the relationships between family members that emerge in the post-migration stage are discussed.

a) Family Conflicts

The conflict between family members might emerge as a result of changes in family dynamics and the different familial roles in the two cultures. Even though the refugee participants did not necessarily discuss this issue, it was considered a critical issue by settlement workers, and something that they consistently need to deal with when dealing with refugees in general and Iraqi refugees in particular.

Settlement workers discussed having to deal with problems arising amongst refugee family roles. Once they arrive, refugee families start to compare their beliefs and values to the new culture. Azeez stated that conflicts can emerge:

Because the values that they [refugees] bring with them, the belief system that they have, is very -- like, intertwines with their day-to-day life. They try to live in Canada, but, kind of, carry all the values and the cultures that they brought with them.

Some conflicts emerge when some members of the family try to assimilate into new roles from the new culture, while other members resist the change and preserve their old roles and values. In Canada, the dynamic and relationship between the husband and wife is significantly different from what Iraqi refugees grew up with. While the man in Iraqi culture is the one who is responsible and in charge of most family issues, the woman's responsibilities are usually limited to issues within the home. These different roles give the man full control over his family

members. When a refugee family arrives in Canada, these roles change significantly. For instance, if the husband cannot find a job that supports his family, sometimes the wife will have to look for work as well. Having a new role helping to support the family might give the wife more power and control, which is often not welcomed by the husband. As a result, conflict and clashes might emerge, causing more stress and tension in the family relationship. Ameen, a settlement worker, stated:

There is a conflict sometimes between the family, so between husband and wife. For many families, the man is the king of the house, and in Canada this is wrong. So imagine you come with your husband to Canada and then -- now, everything is changed. You are fifty, fifty. It's hard for the husband after years in the house to understand that, and it's hard sometimes for the wife to accept to do the same thing that they are doing in Canada.

Dorothy gave another example where control is sought by the husband in reaction to the new roles and values that the family are experiencing. His control might sometimes be more than what he is used to. The overreaction is a way for the man to reassure himself that he is still in charge of the family and everything is under control. Dorothy stated: "There is a dynamics of home life, so maybe the husband and I have cases of this, mmm, where the husband don't let the wife take.... learn how to take the bus, go to school, learn English, [and] go to work."

Safeer shared one of his experiences in dealing with refugee families. He met a family where there was domestic violence as a result of the conflict between the husband and wife. Once they arrived, they found that their roles and the contribution of the man and woman within the family in Canada is different from what they were used to back home. The wife wanted to assimilate into the new role, while the man refused this change in dynamics. In this case, the wife wanted to be in charge of the family's financial issues, but the husband thought he should retain financial control. Safeer said:

It was a couple of family issues. It was a family violence that we [got] involved [in] to resolve the issues. They wanted to divorce and we worked with [them] and we said, okay, take time. The thing that they first broke the family was about the financial needs, who should [be] taking the child tax and all of those things.

While some settlement workers believe that family problems and conflicts emerge as a result of being exposed to a new culture that has new values and beliefs, other settlement workers believe that emotional instability as a result of being exposed to wars, forced relocation trauma, and

violence during their life in Iraq and during their journey creates frustration and is a reason for these conflicts, Feras stated:

Because I know that many families cracked once they came here, my opinion, it's not because of the new environment. It is... it is a result of a very bad experience and long experience with war with many difficult things.

Conflict among family members could emerge as a result of being exposed to a new culture that often does not match their home culture's beliefs and values. Family members look at the new culture from different perspectives and react to it differently. This conflict can be explained by referring to the theoretical framework that guided this research, social constructionism: as a result of unique life experiences and cultural backgrounds, there are multiple realities, multiple meanings, and multiple interpretations of the same event in the minds of people who experience it (Crotty, 1998).

The essence of this theoretical framework has been reflected in the way that members of the same family understand and perceive the same culture and react differently. While some of the family members perceive the new culture positively and want to assimilate into the new roles, other family members do not, and this might increase the conflict between them (e.g., Dalal and Maysa who have conflicts with their children who want to assimilate).

b) Domestic Violence in the Post-Migration Stage

While some female refugees (Maysa, Asma, Fawzeyah, and Noor) stated that domestic violence was something that happened to them during their life in Iraq, not one of them revealed during the interviews that domestic violence is something they are experiencing now. The issues of family and domestic violence have been brought up by some settlement workers who work with refugees directly. Baha', for example, reported that, "I think that one challenge I find is that I noticed a lot of domestic violence." Baha' believes that the accumulative frustration and stress that refugees in general, and refugee men in particular, are experiencing once they arrive in Canada might be the reason behind that violence, as well as issues such as unemployment, underemployment, financial difficulties, worrying about families back home, and not having the social network and social support that they had before, in addition to the accumulating traumatic effects of war and forced displacement. Baha' said, "When someone comes here from different countries, there is no jobs and, like, it's kind of survival mode and there is a lot of frustration; they are out from their immediate family, from their parents, and all. And then husband and wife

fight and that goes with the children.” Baha’ stated that sometimes, as a result of all of these stressors, the family bonds become very weak and “sometimes the situation gets worse, like they make a decision, okay, we are going to break. So... [and] I have true cases with that happen.”

Some refugee women try to adapt to the violence and try not to report it to the police for different reasons such as cultural rules, financial difficulties, and limited education that make it difficult for women in a vulnerable situation where they are often financially dependent on the husband. Women, in this case, tolerate the violence and stay silent about it as a strategy to keep the family together in order to survive in this new environment.

Baha’, who is an immigrant, discussed issues of family and domestic violence in the home country:

Culturally speaking, for example, from [his country], people are kind of afraid and shy and don’t want to open up. Let us say there is a woman, a wife is being abused, so she fears because she has limited education from back home and now she is survival mood for her and her children. She is abused, but she doesn’t want to talk.

Some women stay silent due to financial difficulties or because they are dependent on the husband, which is further complicated by the fact that they do not have the family support system they had in the home country, but others stay silent because domestic violence is accepted in the home culture and is considered a method of discipline. In some cultures, it is acceptable for the husband to abuse his wife psychologically, physically, and even sexually to correct the wife’s behaviour. Based on these beliefs, women might think that the husband’s behaviour is legitimate and do not seek to change their husband’s behaviours, assuming that this violence is one of his privileges. Instead, they seek help for how to learn how to cope with this violence and how to understand it. Dorothy, who has worked with some refugees who have experienced domestic violence, reported that, when women ask for help, they usually are not trying to change the situation. What they ask for is help to learn how to cope and adjust to the situation. From their perspective, this behaviour is normal and what needs to change is their behaviour as women, not the behaviour of the abuser. Dorothy said:

Here is an example: A woman came to me, and it’s domestic abuse. She is being hit and everything. She said, “I want you to help me to learn how to cope with that,” you know? And I am, like, you don’t have to cope with it. You are a human being. You have rights. You have rights to be loved you don’t deserve to be hit. You don’t ... you have -- you

have rights. You have a right to be healthy and happy and all these things right?

Dorothy continued that women usually do not have enough information about their rights and how the law and the system might protect her and her children if she felt she could not tolerate the abuse anymore or chose to end the relationship. She stated that women “don’t know their rights, what services are available to them in the community, what programs are out there and those kind of support, so it’s, like, they just [are] thrown in here and they don’t know where to go or what to do.”

Once a woman knows that there are other options rather than accepting and coping with domestic violence, there can be conflict between what they grew up with and had accepted and what the new culture offers. In this case, refugee women have two different options, and each one imposes a burden on her shoulders. The first option is to continue following the conventions of the home country to maintain the integrity of the family, especially if she is unemployed with a low level of education and is financially dependent on her husband, or she can change the situation and prevent the violence through social or legal methods, which might create further problems for her from the husband and sometimes from her own community as well where her behaviour might be considered a violation of their cultural norms and rules.

Domestic violence was and is still happening among refugee women. None of the refugee participants disclosed that they were being abused, but some of the settlement workers revealed that domestic violence is a significant issue in refugee communities that needs special attention. There are different reasons that abused females do not report this violence to the police. These reasons can include cultural rules, limited education, and financial issues, or coming from a culture where this behaviour is accepted and legitimized.

c) Breaking of Bonds and Creation of Distance between Family Members

Strong family bonds might also break down and family bonds might become less close than before migration as a result of a new life and its demands. Iraqi refugees come from a collectivist culture where family relationships are very important; maintaining bonds is considered essential. Because of the financial difficulties we mentioned before, most of the time the parents need to work harder in order to secure the family’s basic needs and they might have more than one job at the same time. Ameen stated:

The families who arrive as refugees here – because, back home, whatever, they were very closely [related] to each other. And once they are here or in any part of Canada, the

family bonds are less compare[d] to back home because the mother and father needs to find a job to support the family.

Once refugees arrive and face the financial strains that we mentioned before, both parents often find themselves obligated to work to secure their family's basic needs. Some people might need to engage in more than one job and this can make them very busy. Children can often be left alone for long periods of time. Family members might not see each other for days, and this, in turn, breaks down the family bonds. As a result, Emotional distance is created between family members. Baha' stated that:

Sometimes they [parents] have to work hard, have two jobs to survive. In that situation, the parent doesn't educate the children. They don't have time to raise the kids because they have low income. You have to look for a second job to survive and then you don't have time to raise the kids.

Ameen similarly confirmed:

And the minute the kids think that gap is increasing; every day is increasing and increasing. Then kids think, you know, now we are, kind of, in separate -- in one room or one home where father don't talk to us every day as he wants to or as he used to.

As a consequence of the absence of the parents and not having any supervision, "some kids, they don't want to go to school ... or some of them, they are in gangs in Canada because they are taking drugs because there is no follow-up at home."

Baha' identified that conflicts sometimes might also emerge between the parents and their children because "sometimes the kids learn Canadian culture faster, while the parents want to raise the kids in the culture from back home. Sometimes this might create conflict between the child and parent." Baha' thinks that children are more exposed to Canadian culture because "they go to school and they are in more of a learning mode as compared to the parents. Parents have less access to the information and learning opportunities, so then you see huge gaps between the youth and the parents, and then the conflict starts."

This conflict can have many consequences for the parent-child relationship. The parents want their children to be raised with the values that they have been raised with back home, while the children want to assimilate and integrate with the new culture. Dalal and Maysa stated that they are in conflict with their teenager children. Dalal, who is having difficulties with her 15-year-old son, revealed: "The worst difficulty that I faced and I still face is with my children.

They want to live the Canadian way, and I want them to live my way. I find it difficult to deal with them. It's, like, difficult. It's difficult." Dalal looked for help in the community and through local organizations, but her efforts were not successful. She described her son's current situation: "Now, he arrived at the stage where he is sitting at home all the time. No school and no work. Sitting at home, smoking, taking drugs, and doing bad stuff with his friends. Coming back home at midnight. He never listens to me." Baha' confirmed: "There is a conflict and the conflict is huge. There is a generation gap, and that is another challenge that refugees are facing."

Conflicts between family members might emerge as a result of moving to a new culture. While some members of the family try to assimilate and integrate with new values and roles, other members resist the change and try to cling to their old roles and values. Conflict might also arise between parents and children because children are exposed more quickly to the new culture and are fast learners; this can create a huge gap between generations. Sometimes the parents need to be employed in more than one job in order to secure the family's needs, and this, in turn, makes them busy and not present at home raising the children, which contributes to loosening the family bonds and ties.

The Role of Religion and Spirituality

With all of these stressors and traumatic experiences, either because of direct exposure to war or the negative effect of the forced migration or because of the wide range of challenges they experienced during their settlement process, most refugees tend to use faith and religious beliefs to buffer the negative effect of all of these stressors. Since refugees are away from their extended families and social networks, and since their family back home are also under fire and live in fear, most refugees in this study tend to use religion and spirituality as a way to cope with and deal with stress.

Spirituality and religion are very important components in an Iraqi refugee's life since they come from a culture where religion is at the center of people's lives. Regardless of religious affiliation, whether it is Sunni, Shi'ite, or Christian, most participants in this study, especially the women, revealed that the most common way they deal with stress is religion. Some refugee participants, mainly females, disclosed that they tend to use religion and prayer as their primary coping strategy to help with the difficulties that they face. Feda said, "When I feel stressed, I go to God. I ask God to help me." Sarah revealed that the first thing she does when she feels depressed or faces any difficulty is "pray [*chuckles*]. She stated that when she feels powerless

and incapable of dealing with any situation, she tends to pray for comfort. Sarah as well stated that believing that there is a higher power that controls our lives gives her comfort and tranquility in the face of difficulty. Sarah continued, “There is nothing I can do, so I pray and ask God to help me because I believe that if anyone asks God for anything, he will give them something. I believe that God will help me.” She believes that every time she asks God’s help, he has been there to help her and he has never disappointed her. Sarah continued, “And there are many incidents where I was in very difficult situations and God helped me, but I have to be patient. You have to be patient.”

Feda similarly disclosed that spirituality and religion is the main way she deals with her stressors. If she experiences any stressors, she would “talk to God. I tell him that this and this happened to me. Sometimes I sit on the praying carpet for, like, hours. I pray and read the Holy Qur’an.” Similar to Sarah, Feda believes that God always listens to her and helps her, “and, thank God, every time he listens to me and helps me. I told him there is no one that can help me, so please help me.” Feda believes that this method of dealing with her stressors is effective. She stated, “I feel relaxed after praying and sometimes I see signs in my dreams telling me what to do.”

Her belief in God and that he is there all the time to help and protect her makes Maysa more confident and unafraid of the future. When she faces any difficulties, she remembers “how much God helped me and didn’t leave me...didn’t leave me ever. Every day I believe more and more that God is with me. I feel that I am not afraid about tomorrow, not afraid.” Maysa believes that whatever the future holds for her will not be more difficult than what she has already experienced and God is with her in everything. She said, “I don’t know why, but whatever will come will not be more difficult than what I have been through already. What I have experienced was very difficult, but God gave me the strength to face that.”

Another reason for relying on their religious beliefs is to cope with different stressors from being exposed to war trauma. As we stated before, war trauma is considered to be one type of interpersonal trauma that is caused by other people, which leads to the victims not being able to trust others (e.g., Charuvastra & Cloitre, 2008; Kessler & Merikangas, 2004; King et al., 1995). The strategy of relying on their religious beliefs helps refugees survive and feel secure. Some participants revealed that, even after they fled from war and live in safety now, they do not trust the people around them. As a result, they feel that talking to God about their issues and

asking him for help is the safest way of seeking comfort. Noor, for example, disclosed that she does not trust any of her family or friends, so she does not seek their help or attention. She stated that, when she feels stressed, she tends to “Cry. I sit at home and cry. To whom will I go? I can’t... I complain to God. I don’t have anyone that I can trust. I don’t trust anyone.” Noor believes that seeking God’s help allows her to “feel that I was successful in getting past all of these problems. I was all the time sitting on the praying carpet and read in the Holy Qur’an and asking God to help me. I always tell God that I don’t have anyone except him to help me.” Noor believes that God is always beside her, and her beliefs and prayers have helped her to survive. “And yeah, God never left me. I believe that God was the thing that released me from all of that.”

Religion and spirituality are important elements in a refugee’s life, regardless of their religious affiliations. Most participants tend to rely on their religious beliefs in the face of different types of stressors. Some participants revealed that believing in a higher power that controls their lives and attributing anything that happens to them as directed by God gives them comfort. Others stated that, as a result of war, they do not trust people around them and, because of that, they find relying on religion is the safest way to deal with their stressors and keep them private.

Summary of the Post-Migration Difficulties

While it is expected that, once they arrive in their final destination, refugees should settle in and feel secure, participants of this study revealed that, even though they are safe and away from shelling, there are many other difficulties and challenges they are still experiencing. Issues such as the high expectations that they had about Canadian life and the frustration they feel once they experience the reality has had a big impact on their settlement and adjustment. Not having enough information about their rights and privileges as new citizens makes them more vulnerable to abuse and discrimination in schools, workplaces, and so on. As a result of living in a war-torn country and then living in refugee camps, issues such as discontinued careers or education, in addition to not having Canadian job experience or perfect language skills, makes it challenging for them to enter the workforce. Being without a job or underemployed is a significant stressor since it means continued financial strains, which is then worsened by not having enough financial help from the government to match increasing living expenses.

Moving to a new place and a very different culture is a significant adjustment. Issues such

as weather, transportation, knowing how things operate, and work ethics are a few of many aspects that refugees are expected to learn about in a short period of time.

Refugees flee from situations where many of their rights were violated. Refugees arrive in a new country hoping to be valued, respected, and trusted. If the relationships with people who they work with are not built on these essential components, resettlement and integration will not be achieved.

Refugees also experience different processes of identity re-formation. They were citizens of their country and then, suddenly, they are refugees in a new country. Refugees might refuse this change of identity and refuse this new identity, so they might try to disassociate themselves from it. From their perspective, the label of refugee makes them feel unequal to and less valued than other citizens.

Even though refugees feel relieved and safe once they arrive in Canada, many feel that they do not belong and that they are not a part of this society. Being forced to leave their country, not being prepared to leave, and having no choice about where they end up contributes to this feeling. At other times, living in refugee camps, which is considered a temporary situation, can give rise to these feelings of not belonging. Then, dependence on the settlement agencies or a low motivation to learn the system and low motivation to contribute to the new society may emerge as a result of this feeling of not belonging.

Being worried and concerned all the time about the safety of their families back home and feelings of guilt and shame because they fled and left their families behind, as well as the panic and fear of hearing any bad news from back home are some of the feelings that refugees live with. Family members back home usually tend to have high expectations from refugees who successfully flee. They expect them to help out financially or to help them flee; these high expectations add more stress to a refugee's life and make the settlement process more complicated.

Conflict among family members can emerge as a result of being exposed to a new culture that, most of the time, does not align with their cultural beliefs and values. These conflicts might increase, especially if some of the family members want to assimilate into the new culture, while other family members do not. Previous trauma and suffering have a significant effect too. As a result of these conflicts and trauma, issues such as domestic violence might continue to happen. Even though none of the refugee participants disclosed that they are being abused, settlement

workers who work directly with refugees revealed that domestic violence is a significant issue in the refugee communities and needs special attention.

To cope with all of these stressors and challenges, refugee participants tend to use avoidance, social support, and spirituality as some of the ways to deal with their stressors. As a result of moving to a new place and losing previous relationships, refugees disclosed that, most of the time, they tend either to avoid dealing with situations at all, or seek to maintain the social relationships they have from back home. These strategies might help them to reduce the level of stress, but, at the same time, they are not effective in changing the situation. Religion and spirituality are also important elements in a refugee's life, regardless of their religious affiliation. Most participants tend to rely on their religious beliefs in the face of different types of stressors. Some participants revealed that, believing in a higher power that controls their lives and attributing anything that happens to them as God's will gives them comfort.

Section II

The Effects of Trauma and Forced Displacement on Refugee Mental Health

As a result of being exposed to different trauma, being forced to leave the home country and living in refugee camps, and as a result of difficulties that refugees have experienced in the pre-migration stage and in the transition country and are still experiencing during in the post migration stage, refugees reported that these experiences had their negative effects on their physical and mental health. In this section, I will discuss some of the effects that war trauma and forced displacement have from the perspective of the refugees themselves, and the service providers who have direct contact with them.

Most settlement workers and mental health practitioners agreed that, living in war-torn countries with all of its associated traumas, and then the experience of forced displacement and living in refugee camps has a negative and permanent effect on refugee mental and physical health. Ghada, for example, confirmed the negative effect that living in refugee camps can cause. She stated:

Because when they come, they say, we -- where [we] live in a camps, there is no water. There is, like, no education. There is, you know, like, medical support. You know, like, what they are facing, put yourself in their shoes. So you know, you understand, like, what's the situation. What, like, the condition of life they were living in.

Baha' also agreed from his experience dealing with refugees of different ages and gender:

Mental health is a big issue with a lot of refugees because, when they come, they have lived in refugee camps. They have seen all the challenges they got in their lives, and so they have seen a lot of traumas in a way. And it could be children, it could be adults, it could be youth. So I have seen in all...all of them.

Issues such as PTSD, anxiety, depression, low self-esteem, fears, and phobias are some of the mental illnesses that have been described by settlement workers and mental health practitioners. David, a mental health practitioner, said:

I see PTSD also as one of the things that can present, like, in this population, mmm. So there are, like, different things, like, in mood disorders. Like, I would think, like, about a depression, anxiety disorders. I would think, like, about some panic disorder, mmm, some generalize[d] anxiety. I can think about other different types of anxiety, mmm, and usually most of them, they go hand in hand. Like, the most symptoms in the anxiety symptoms, mmm, the most ... one I would say, the PTSD, so post-traumatic stress disorder.

Ghada noticed depression and fatigue as one of many other issues that refugees might suffer from: "So most of them, or, like, majority will suffer from depression, from fatigue, from all this. You know, like, mmm, and some, they come with also the mental issues." Ghada confirmed that most of these mental health issues emerge because of "being tortured, like, in back home and all these things."

Mai added that low self-esteem, isolation, and frustration are things that she has noticed. "Another thing is some of them also get into low self-esteem with all of this, so that thing makes them isolate [themselves]." From her perspective, these negative feelings prevent refugees from integrating into the new society, "and it's not too good for them to... you know, they just have a feeling of frustration and they don't make anything to develop the sense of belonging."

Feelings of insecurity, a lack of trust, and not being sure about what the future will bring are also effects of living in a war-torn country and in refugee camps; these issues can have devastating effect on mental health. Refugees have learned not to trust anyone as a way of surviving and maintaining their internal integrity. Azeez revealed, "Newly arrived refugees at the airport, they may not trust me, don't trust everything I tell them because that's how they learned in the refugee camp or in their war zone, that lack of trust and then feeling insecure all the time,

physically and mentally.” Safeer added that refugees encounter “too many challenges. The challenges were multiple. There is [those] psychological fears, phobias, a lack of self-esteem, and then not knowing what’s going happen to us now. And then a lack of trust in the system as a whole.” From his perspective, it is difficult for someone who has not been through that experience to imagine what kind of challenges they face: “Whatever you call [it] because we don’t know what kind of trauma they have been through.”

Aggression is another means of expressing anger or attracting attention, especially among youths. Azeez described some of the signs that he noticed from his experience dealing with refugees. He described how youths were dealing with each other on a soccer team:

I realized lots of kids; they would fight among each other, so there was that built-in anger amongst them. There was frustration that they want to take out by fighting with each other or the other team. That anger may be a symptom to something saying that they needed mental health [treatment]. Yeah.

Ameen shared one of his experiences of dealing with a school-age girl who was terrified when she heard the school bell ring. He said, “Yeah, the same thing happen with my client. They come from ... as a refugee, and whenever the school bell ring, the little one goes under the table and she think that there is a bomb.” Another case was shared by Azeez of a client who witnessed the death of her dad and how this traumatic experience still affects her. He said, “I had a client whose dad was killed. The student was young. She was in grade 9 or 10, and her dad was killed in front of her eyes, and she would wake up [screaming] in the middle of the night.” Ghada also had many clients who were directly exposed to trauma back home, and these incidents are still affecting their lives in their new country. She shared the situation of one of her clients who recently arrived and showed signs of PTSD. She stated, “He said, like, at night he can’t sleep, and ‘I can see people; they are coming to kill me.’ And the wife was telling me that he was trying to put the luggage behind the door so no one will be able to come inside.”

After living under war and then fleeing to a refugee camp and surviving all the difficult situations there, they come to a safe and secure country and then they begin to feel different. They start to realize that what they have experienced was terrifying and unbearable. Azeez said:

So there are psychological effects in [the] past that they are carrying with them, and especially, I think, one feels when they come to a normal safe area, when you say, okay, I am safe and fine, then all those disorders start affecting you [refugee] more and more, so

I think that that has a huge effect.

These traumatic experiences have long-reaching and devastating effects, even after moving to a secure and safe place. Ghada stated that, even though refugees feel safe and secure here, care should be taken to treat their mental health because of their past experiences. She said:

Yeah, like, I can say...they feel...excited to have a safe place, and to have...some people who's, like, taking care of them, but, at the same times, we can't...neglect...the fact that they have been, you know, like, tortures, or have been in tough situation back home.

When it comes to refugees who participated in this study, their responses to previous and current difficulties differ. Some show high resiliency and an ability to adjust to past trauma and current changes, while for others trauma has had a negative and devastating impact on their mental health.

Maysa shows high resiliency and is well-adjusted to her new life in Canada. The previous traumatic events she experienced gave her the strength to rebuild and resume her life. However, Noor, Asma, Zaid, and Marwan are still finding it difficult to recover from their traumatic experiences and have not been able to resume a normal life.

In regard to their awareness of their mental health issues study participants could be divided into three categories in terms of their awareness about their mental health in general and their mental health issues in particular. The first group showed some symptoms that might be diagnosed under one of the mental health disorders, but did not really recognize that they could be suffering from anything. They are not aware about their issues, and, as a result, they have not sought help. These issues might be reflected in psychosomatic symptoms, which they might try to treat. Asma, for example, shared some symptoms that might be diagnosed as PTSD, but she is unaware of that and she is not thinking about seeking mental health support. Asma has been exposed to different traumatic situations such as domestic and family violence, exposed to war trauma, and been kidnapped by one of the militias groups. Asma disclosed that she continues to think about these traumatic memories, cannot stop thinking about them, and this is affecting her life. She said, "Sometimes I can't sleep until sunrise. I can't sleep. I feel fearful. There is fear inside me. I feel that someone will enter my home. I don't feel safe. I feel fearful, so I stay awake until the sun rises and then I start to feel sleepy."

The second group knows that they have mental health issues. They realize that they need help, but they prefer to stay silent. There are different reasons that they stay silent; some fear

being stigmatized by their community, while others cannot speak the language well enough to go to counselling and they do not want to involve anyone from the community to translate for them. Marwan, for example, felt nervous about saying that he needs to see a clinician. He tried to talk about that indirectly. He said:

It's, like, you know, like... like, there are some people who might have some psychological issues, but are hiding it. Like, things they feel shy about. It is, like, you will find most people, and Iraqi people specifically, are stressed out and psychologically depleted because they have experienced difficult situations and wars.

Zaid also described how he felt as a result of being exposed to different war trauma. He said:

I feel upset. Sometimes I feel like I need to see a clinician. Not only me, my wife too. I think there is something wrong with us. There is something wrong with the environment that we live in. I don't know. I think sometimes I would like to go see a doctor. It is, like, sometimes I feel good and sometimes I feel stressed without any reason.

Zaid prefers not to seek help from a clinician because he is afraid of being diagnosed with a mental disorder that will label him as a mentally ill person for the rest of his life. He continued, "The refugee is tired. He is tired psychologically. If he goes to a clinician, the doctor might find many things wrong. I am one of those people who is tired. For me, if I go to a clinician, he might say that I am crazy."

The third group is aware of their mental health issues, but they do not know where to seek help. They have tried to seek help through their counsellors or family doctors, but they have not been able to access the appropriate help. They continue to suffer and continue to look for help. Sarah, for example, stated clearly that she and her two children are struggling with their memories from the past. She explained how being forced to leave home and being exposed to war trauma has had negative effects on her and her children's mental health. She described how her daughter suffered once she came here. She was exposed to different trauma, starting with witnessing the death of her best friend, then being forced to leave their home, and finally coming to Canada where everything is new and different. Her son also was having some mental health issues. She described their situation:

At the beginning, my son was trying to hide that he was afraid of the dark. He couldn't sleep in the dark or when the door is closed. He is better now, but he still remembers some incidents from the past. I don't know, I feel afraid for him. I try to always talk to

him. My daughter was isolating herself. She tried to not have contact with other people. Every time I enter her room, I find her crying. I myself feel -- I feel depressed sometimes. I don't know why.

Noor was also exposed to different war trauma along with her children, and she described how her disabled child tries to hide his suffering. She said:

He is suffering, suffering a lot, but he tries to hide that. But I know that he is suffering, suffering a lot. Even now he is very nervous. He usually goes to the bathroom to cry. He closes the bathroom door and cries. The bathroom is the only private place where he can cry. He goes to the bathroom and cries, cries and cries, and when he is finished he comes to sit with us, trying to hide it.

She also described the suffering of her oldest son, who was exposed to many traumatic experiences; being exposed to a direct threat and witnessing the death of his best friends were some of the incidents he witnessed. As a result, her son is "isolating himself. He doesn't talk to anyone, and he doesn't have friends. He has a bad relationship with his siblings at home; they are fighting all the time. He is like... not like us. He is different, and no one at home is similar to him." Noor expressed her deepest wishes for her son to live a life appropriate for his age and to act like other kids. She said, "I would like for him to be like other youth his age. I hope that he'll find some friends. He doesn't have work. He is sitting in his room all the time and never leaves it. He goes to school and then goes to sit in his room." She also disclosed that she would like to see a clinician, but the priority is for her son. She said, "Me? A clinician for me? I swear if I go to a clinician, he will become crazy from listening to me."

Noor stated that she has been looking for help since she arrived in Canada five years ago, but she has not been able to get any help either for herself or her two sons. She said:

I hope to find a clinician for my son. I hope to find someone to help me. Do you know my settlement counsellor from [settlement agency]? I begged him to help me to find a clinician, but he didn't -- didn't help. I even told our family doctor, but he didn't help. He didn't help. I don't know where to go or who to ask. I don't know how to find a clinician.

Having behavioural problems and anti-social issues are other effects of war trauma. Dalal has a son who has behaviour problems. The son was two years old when he witnessed the death of his father. They together moved to a refugee camp in Turkey. They are one of the few families who have sought formal mental health help. She described her fifteen-year-old son's behaviour:

He refuses now to go to school, refuses to work. He doesn't listen to anyone. He comes home every day at midnight. He has started to drink, smoke, and is taking drugs. I can't even leave him alone at home with his sister. I feel afraid for her. I called the police many times when I found him taking drugs with his friends at my house.

She revealed one incident where her son was placed in prison because of his irresponsible behaviour. She said:

One time they [he and his friend] were smoking in one of the houses that is under construction. That house was new, never inhabited yet. And after they finished smoking and taking drugs, they pour asphalt on the entire house and then throw their cigarettes on it. The entire house started to burn and one girl saw them when they fled the home and called the police. Then the police came and took [her son] and his friend to prison.

Dalal looked for mental health help for her son, but, from her perspective, this help was not enough and was not effective. At the end, "I left him to do whatever he wants. I don't follow him or talk to him. I feel that there is no hope. I have given up." Dalal felt frustrated and gave up looking for help.

Summary of Section II

Refugee reactions toward war trauma and forced displacement differ from one participant to another. While one participant showed high resiliency, others disclosed that they are still suffering and not adjusting well. In general, psychological impacts of war trauma and forced displacement have been reflected strongly in the interviews. Being exposed to trauma and being forced to leave the home country have had negative impacts on refugee mental health. Issues such as PTSD, anxiety, depression, aggression, phobias, lack of trust, emotional instability, low self-esteem, and other disorders are often expressed. Some refugee participants have mental issues. There are three groups of refugees in term of their awareness of the mental illness that they are experiencing. The first group described some symptoms that might be related to mental illness, but they are not aware that they may have a mental illness and are unaware that they can seek help for any issue they may have. The second group is aware of their symptoms and maybe referred to them indirectly during the interviews. They know that what they are experiencing is not normal, but at the same time they want to try to distance themselves from the symptoms they recognize. The third group is aware of their mental illness, they have disclosed it clearly and talked about it openly, and they have sought help for their symptoms.

CHAPTER 6

The Readiness of the Existing Mental Health Services Provided to Iraqi Refugees in Saskatoon

In the previous chapter I reviewed the most prevalent difficulties that Iraqi refugees experience during the different migration stages and the effect of these difficulties on refugee mental health. In this chapter I will discuss the effectiveness of the existing mental health care services, provided to refugees in general and Iraqi refugees in particular, in Saskatoon from different perspectives, and evaluate to what degree these services correspond to refugee mental health needs. This chapter will identify some of the gaps in the current services provided to refugees, as revealed in the interviews. In addition to understanding refugee underutilization of the offered mental health services, I also address what factors affect whether or not a refugee will seek help. Some of these factors include: awareness around mental illness, cultural differences in understanding mental illnesses and where to seek help, different expectations from the treatment process, and the Westernized mental health model and the important role that spirituality plays. The readiness and appropriateness of the existing mental health services in serving Iraqi refugees is then discussed. Table 7 below shows the themes and subthemes related to the readiness of the existing mental health services.

Table 7: The Readiness of the Existing Mental Health Services

| A) Gaps in Existing Mental Health Care Services | |
|---|--|
| Themes | Subthemes |
| 1. No initial mental health assessment | |
| 2. Lack of connection between settlement agencies and the health region | |
| 3. Difficulties navigating the health care system | |
| 4. Difficulties accessing mental health services | a. Long distances/Rural areas |
| | b. Shortage in mental health professionals |
| | c. Long waiting lists |
| 5. Lack of training for how to handle difficult situations | |

| | |
|--|---|
| 6. Lack of training for settlement workers about dealing with secondary trauma | |
| B) Understanding Refugee Underutilization of the Mental Health Services | |
| Themes | Subthemes |
| 1. Stigma around mental health | |
| 2. Mental health is not a priority | |
| 3. Lack of awareness around available mental health services | |
| 4. Language difficulties in a counselling context | a. Negative aspects of using the help of interpreters from the same community |
| | b. Lack of training programs for the interpreters |
| | c. The effectiveness of the phone interpretation service |
| 5. Cultural differences in understanding mental illnesses | a. Lack of awareness around mental health and mental illness |
| | b. Mental illness is a personal and private matter |
| | c. Different expectations from the treatment process |
| | d. The Westernized mental health system and the absent role of spirituality |
| | e. Spirituality and religion in the counselling context |

Gaps in Existing Mental Health Care Services

Since most refugees come from backgrounds where they have experienced violence and trauma, most of the settlement workers and mental health professionals reported that usually refugees have mental health issues and special needs that need to be treated. They also stated that there are many gaps in the existing mental health services that need to be looked at in order to serve refugees better. In this section I will review some of the gaps in the mental health care system that have been reported by refugees, settlement workers, and mental health care providers. These gaps include: not having mental health assessments, a lack of connection between settlement agencies and the health region, difficulties navigating the health system, difficulties accessing the offered services, a lack of training for service providers, and a lack of training for settlement workers about how to deal with secondary trauma. Below I will discuss

these gaps, providing excerpts from the interviews to support the discussion.

No Initial Mental Health Assessment

Physical check-ups are one of the mandatory assessments that refugees require before they leave the transition country and also once they arrive in their final destination. These physical check-ups are usually conducted for two reasons: firstly, to make sure that refugees do not have communicable diseases; and secondly, to make sure that they are getting the necessary and appropriate health care.

All except one refugee, who participated in this study agreed that they took part in a full physical check-up before and once they had arrived in Canada, and this check-up included blood tests, a general physical check-up, dental, and vision exams. All refugees reported that, based on the results from this physical check-up, they were referred for any required treatment either to a physician, to a dentist, or to another health facility.

In terms of a mental health check-up, all refugees agreed that they did not receive any mental health assessment. When I asked Marwan if he had been through any psychological assessment, he answered “Mental health assessment? No, I don’t think so. Most of their [settlement agencies’] follow-up was about language and school, but no mental health assessment, no.” From his perspective, this kind of assessment requires a specialist who is qualified to conduct the exam, and settlement agencies do not employ professionals who work in this area to do this kind of assessment.

Other participants echoed Marwan’s comments. Fawzeyah revealed that she had been offered an opportunity to see a psychologist in the transition country, but not in Canada. Based on her experience, “The only thing they do here is a physical check-up. When I feel sick I go to my family doctor and do some physical exams and tests and that’s it. He never asks me if I need support or if I feel tired or not.”

Since refugees come from war-torn countries and have experienced different traumatic events, some refugees asserted that it is very important for a mental assessment to be done for every refugee entering the country. Zaid stated:

To be honest, we need this thing. We never saw this thing when we came. We never saw any of these assessments. So when a person enters the country, they should do checks, a general check to see if the person has any mental health issues.

From his point of view, this kind of assessment would protect refugees and help them to get the

required help and support in a timely fashion, before the situation worsens. He continued:

We need this type of assessment because if the person, for example, during his life here makes any mistake, big or small, as a result of his mental difficulties, he might be disciplined like any normal person, but if the reality is he was out of control because of his mental health struggles... So I think it is important to have this kind of assessment done once the refugee enters the country. It is better to check if he has any mental health difficulties.

Settlement workers also agreed that refugees are generally given a physical assessment, but no mental health assessment. Safeer reported: "There is no psychological check-up. They do a full physical check-up and also they do a blood test and do.... Usually they refer them [refugees] to a dentist for dental work, but there is not.... I do not see any psychological test that anyone will be referred to." From the perspective of some of the settlement workers, the lack of mental health assessments is due to the large number of refugees entering the country. Azeez said, "Because there are so many people.... clients, they get.... they leave without being screened, like, what they are carrying with them."

In some cases, the situation can worsen because refugees who need urgent mental help are left to deal with it on their own. Colleen shared one of her experiences in dealing with one of the refugee clients. She reported that he was in need of mental support and some medications, but he was not offered this kind of help and was sent home without any assessment at all. As a result of that,

They were -- ended up in the hospital within the first couple of days because something has been missed and there is a lot of stress. I mean, it takes you three days or whatever to get here and... and if you are someone that's really, you know, struggling or you are, you know, you are having your medication, but we just -- just to ensure that people need to be seen right -- right away, that they get there and otherwise do a bit of a triage to ensure that people are getting the right kind of care and treatment.

On the other hand, some settlement workers confirmed that there is a mental health assessment typically done, but it is usually done on an as-needed basis, which means an assessment occurs if the settlement organization receives a letter from the immigration agency stating that this person needs mental health support. Dorothy said:

Unless something is said from the immigration that there is an issue, we have had some,

like, you know, depression or this, we already -- once we know that they are coming, we already have those support kind set up. Settlement agencies will not do any assessment unless there is a doctor note or there is something that comes in, where we know ahead of time.

Feras also agreed that usually they pay more attention to cases that have notes from the immigration office or from the doctor in their temporary residence that more assessment or a referral is necessary. But from his perspective, in some cases information might be missed which, in turn, leaves some clients who need help without the required support. He revealed:

I have experience with clients who have been seeing [a] specialist in their temporary country of residence. It's only the file that -- you know, it's always that note is made to make people [settlement workers] aware about the case. So when they come here to Canada, some of them, they bring their files with them. Some of them, they don't really have that chance to bring their medical documents with them, so we have many different scenarios.

While sometimes there might be missed information about some of the cases that need urgent help, other times these notes might not be accurate and do not give settlement agencies enough information about the case to be able to provide the required help. It has been stated that these notes might be accurate in regard to physical disabilities or physical health, since these are easier to identify, but not for mental health needs. Colleen stated:

Sometimes you are told ahead of time when a refugee comes. It's not always accurate, but sometimes it will tell you a little bit of information related to health, especially, like, something about mental health. It is -- usually, honestly, tells you when something is... you know, this person needs a wheelchair and they walk off the plane, and sometimes it doesn't say anything and this person needs a lot of support. So we don't really rely on it.

Even though settlement workers agreed that any additional support would usually take place if there was a note from the immigration agency, some refugee participants stated that, even though they had official letters attached to their files before they came to Canada, in regard to their mental health issues, they did not receive any kind of mental assessment or treatment. Asma, for example, disclosed that she was diagnosed in [transition country] with a mental health disorder. She could not remember the name of the disorder, but she was taking medicine for it. However, since arriving in Canada until the time of the interview, she had not had the chance to

be seen by a clinician or to undergo any mental health assessment. She disclosed:

Here, they give me medicine based on my previous diagnosis. My family doctor prescribed me this medicine. I never saw a clinician. I described my symptoms to my family doctor and he prescribed me the same medicine I was taking before.

Since there is no official and reliable mental health assessment that is done for newly arrived refugees, some of the settlement workers have disclosed that they usually use their experience and intuition to decide if the client needs mental health help or not. Baha' said:

The only common assessment is when a client comes in through my door and say... we say, okay, you fill [in] registration form and it shows what you need and so on, so then we will meet and find out what the challenges they are going through. So maybe someone comes to my office, "Oh, I need a job," so that's what they write in a piece of paper. But when they talk in one hour and there are other issues that have been hided [sic], so job is a small part of it. So then we realize, yes, they need more help on it.

He added, "It's pretty hard to find out, but when you have one-to-one meeting, you can feel that they need help with mental health issues." Ghada also stated that she usually relies on her observations and previous experience to decide if a person needs urgent help or not. She reported:

Because we are dealing with the client very closely, then you can see because we are going with them home. Like, you have to go with them for grocery, for shopping, taking them to the doctor.... so all of these things. So you will see or you will notice if there is anything that's un-normal or, like, something that needs to be addressed.

Usually a person is referred to a specialist if his behaviour becomes uncontrollable or when one of the family members or the settlement workers notices something abnormal; urgent help is then requested. Dorothy stated that:

It is more often is -- there is an EAL teacher or someone, someone who, kind of... or life skills worker because they are in their home and they just notice something. They notice this person is getting more distance or they are very anxious, or maybe, you know, something happens that just, you know -- someone said something and they snap and they really lose control or whatever those cases.

Without screening and the appropriate mental health support, settlement workers report that the untreated refugees often have difficulty performing in work or education, which can lead

to serious problems. Ameen stated that:

They [refugees] will keep failing. Like, they will go to work, they are not normal, and they can't perform. They lack... Eventually they fail, they get fired, but no one [is there] to identify that there is a problem with the... [Refugee] and how we can resolve their lacking. There is a huge gap.

In conclusion, even though most refugees are coming from war-torn countries and have experienced many traumatic events, the interviews revealed that there is no official mental health assessment that is done for newly arrived refugees once they enter the country to make sure that they will receive the appropriate mental health support. Settlement workers usually use their experience and intuition to decide if a client is in need of urgent help or not. Some cases might get more attention if there is an official letter coming from Canadian immigration or a note from a doctor in the transition country stating that this person needs mental health support. In most cases these notes are not accurate and do not give enough information about the case. In some cases, even if there is a note from immigration that this client needs urgent mental health support, these notes might be neglected and the client might be provided with urgent help only when the situation becomes severe or when the life of the client is in danger.

Lack of connection between settlement agencies and the health region

The connection and collaboration between different agencies that deal with refugees and between these agencies and the health region is very important in order to provide refugee clients with comprehensive and effective services. Participants revealed that there is lack of connection between settlement agencies themselves and between the settlement agencies and the health region in Saskatoon. This lack of connection has been reported as a problem in the existing mental health care system. Settlement workers state that there are no formal procedures or practices that they regularly follow to contact the health region when they need to refer clients who need mental help. So when there is a need to refer clients, settlement workers generally do not know where to refer them or what the procedures are. Safeer said, "I don't know [of] any connection between the health region and the newcomer community [settlement agencies]. We should work on together when we have newcomers; there should be an assessment probably." He confirmed that, once refugees become aware of their difficulties, there is:

No connection that people could connect...be connected with the services like mental illness and that stuff to receive the services that they need, and sometimes maybe we

have refugees that they need the services, but there is no... no bridge to bridge them to the services that our providers provide in the city.

This lack of connection makes settlement workers unaware of the services provided by the health region for refugees in general and refugees who have experienced trauma in particular, and this, in turn, makes it difficult for them to know where to refer refugees who need mental help. Baha' stated that the most difficult thing that he usually faces is, "I think that's a challenge, so I don't find a place, like, where they can get help, they can go to."

Referrals are usually done through direct contact and personal relationships between the settlement workers or case management team and employees from the Saskatoon Health Region. When a client needs urgent mental health care, settlement workers usually rely on their personal relationships to contact specific people from the health region and to get the necessary referral which, in turn, can lead to longer wait times to get the required service because the referral did not come through the formal procedure. Dorothy, a settlement worker, said:

We just... we have very, like... our counsellors [settlement workers], when they are working, they have a few contacts, maybe, kind of, knowledge of the partnership between the two organizations, just individual partnerships. Only two people have a few contacts...it may be taking a longer [time] to get the services.

There is also a lack of collaboration and connection between different settlement agencies themselves. Settlement workers report that, in some cases, there is a competition between different settlement agencies rather than cooperation and teamwork on how to offer comprehensive services. There are some similarities in the services provided by different settlement agencies, which makes it sometimes confusing and difficult for the refugee to know where to seek help and where to go for what. This also might create a more complicated system because the client needs to get permission from different people before he/she can seek help from another organization or benefit from services provided by another settlement agency. This, in turn, might sometimes create conflict between the settlement workers and their clients. Colleen disclosed:

It's a very big challenge that we have these organizations that offer services to refugees. I don't know if anyone talk[ed] to you about this. Mmm, but I think it's important because it means that there is a lot of people and it is... so if it is for newcomers and refugees in particular, it is sometimes a little bit confusing. And I don't know, sometimes it doesn't

provide the best support when you have so many people than you need, kind of, permission, like who I do go to?

In other cases, settlement agencies refer clients to each other, which result in an endless circle of referrals; at the end of the day, that client does not get the help that he was looking for. Mai said:

They can refer to each other, I can refer to [settlement agency] or [settlement agency], but it will go in a circle from where the last one they can reach or, you know, where I got all my services. I think this is one point.

In sum, a lack of connection and collaboration between different settlement agencies and the health region makes it difficult to provide refugees with the needed and the appropriate services. This lack of connection creates a lack of information and lack of awareness about the services and programs offered for refugees by different agencies, and this makes it hard for settlement workers to make the required referrals. Using personal relationships to refer clients makes it difficult for the settlement workers to find the appropriate referral and it is then challenging for the refugees to get the required services in a timely fashion.

Difficulties Navigating the Health Care System

As a result of lack of connection and collaboration between different settlement agencies and between settlement agencies and the health region, and since settlement agencies offer similar services, it has been reported that clients often find it difficult to navigate the system; they feel confused about where and from whom to seek help. Not knowing where to go for what, not knowing how to access different services, and the confusion about who provides the service is one of the main challenges that makes it difficult for refugees to get the necessary services. This is one of the gaps in the health care system in general, and the mental health care system in particular, that has been reported by refugee participants and the settlement workers. Participants state that the existing mental health system is complicated and difficult to navigate, even for highly educated refugees. Emily, a settlement worker, thinks:

A lot of people, when they come, they find it really challenging to navigate the system. You know, it's a very complicated system. Again, even if they have a high level of education, it still seems to be just a very different way of working, so both in terms of accessing the health services, which seems to be a big one for a lot of people, mmm, but also social services, settlement services. You will get a little bit confused to who is actually trying to... you don't know who to go to for what.

She continues:

Mmm, so that creates some challenges around access to services, that also just basic -- mmm, kind of, the, mmm, opportunities that people have, mmm, in terms of navigating health care because that's something that I am working on, mmm, there is, in terms of the, mmm, sort of, the -- the challenges in accessing the right -- like, the appropriate sort of health, whether [it] be health care from a primary care perspective or mental health care or social supports, psychosocial supports.

Kamelea, a mental health professional, agreed from her experiences in dealing with patients in general and refugees in particular that, "Understanding the system can be quite difficult for them." Also, there are no specific steps or procedures that settlement workers can follow if any of the refugee clients need mental health support. Baha' stated:

There is no specific system in place where you say here is a psychologist, you go there, she will treat you, then you will go to [a] psychiatrist and get all of that... I am here talking about institutional gaps in Canada, so our system is not ready for that. There are a lot of gaps on it. I don't know why we haven't realized it.

This concern is not only for refugees in particular, but for all newcomers, regardless of their education level, and it is even more difficult for refugees who have lived in refugee camps for a long time and have no knowledge about the health care system in Canada. Colleen believes that:

Right now, people are just getting, kind of, lost and mostly they just getting, kind [of], lost in the system that isn't supportive of that. And I don't think that this is just for refugees obviously, but, mmm, if you are coming here and that [sis] your background... then this [is] even more difficult. It's much more likely that you are not getting the help that you need, that you are not getting that mental health support.

Noor is one of the refugee participants who was looking for mental health help for her son. She disclosed that she did not know where to go to seek help. She said, "I don't know where to send him." She asked for help, but no one was able to guide her to where she might access the appropriate support. She has been looking for mental health help since she arrived in Canada five years ago, and her son still had not gotten the required help by the time of the interview. She said:

I hope to find a clinician for my son. I hope to find someone to help me. Do you know my settlement worker from [settlement agency]? I begged him to help me to find a

clinician, but he didn't -- didn't help. I even told our family doctor, but he didn't help. He didn't help, I don't know where to go or who to ask. I don't know how to find a clinician.

As a result of not knowing where to go or who to ask for help, cases sometimes become more complicated and the intervention comes too late. Sometimes the client's situation requires a hospital stay. Noor reported that her son is getting more depressed and he is trying to isolate himself. He has a bad relationship with his siblings and his school performance is very poor.

He is very isolated, very unsocial. He doesn't talk to anyone. He doesn't have any friends. He is fighting with his siblings all the time. There are too many things that have happened to him in the past. He is not like us. I don't have someone similar to him in our family. He is very, very unsocial and doesn't talk to people.... Recently he started to have a poor memory. He started to forget what he was saying very quickly. Nothing stays in his mind. For example, he is talking about something in the moment, and then if he wants to continue, he will say it is gone, I forgot what I was talking about. He is in grade 10 now, but he couldn't finish school because he is not active like other youth his age. He spends his time daydreaming. He can't write quickly or talk quickly. Sometimes he stares at things and he tells me, "Mom I go to different worlds. Then when I become conscious of myself I start to talk to myself. What's wrong with me? Where did I go?" Sometimes he comes home tired... tired. And when I ask him what's wrong with you, he says, "My head is hurting. I am very tired from thinking." He will die from thinking. He comes home and his eyes are red. Yeah, there are things that are happening to him. Where to take him, I don't know.

Dana also shared two examples of refugee families where a lack of intervention caused the situation to worsen. She said:

Usually the illness has been going on for some time and their, kind of, last resource [is] coming to hospital. When maybe there could be an intervention earlier potentially, but they, themselves, didn't know where to go for help.

In sum, refugees face difficulties navigating the health care system and knowing where to go for what. These difficulties usually create barriers to accessing mental health care, which, in turn, leads to underutilization of the mental health services. In some cases, this might cause the situation to worsen and often the intervention happens too late.

Difficulties Accessing Mental Health Services

Study participants agreed that there are many barriers to accessing mental health services that prevent refugees from getting the required support. Some of these barriers include living in rural areas and having to travel long distances for appointments, shortages in mental health professionals, and the long waiting lists. Below I will discuss these subthemes in detail.

a) Long Distances/Rural Areas

People who tend to live in rural areas are typically looking for more work opportunities or seeking lower living expenses. One of the gaps in the current settlement services and mental health services provided to refugees is that these services are not distributed equally in different places, which, in turn, leaves people who live in these rural areas without access to necessary services. Kamelea, a mental health practitioner, revealed that living in rural areas makes it difficult for clients to get the needed services. She states:

The services in those smaller places are so much even more limited than the big cities. So it is, kind of like, this balance of, like... it is cheaper there and you know I can find job easier there, but then they don't have a lot of services.

Dana also agreed that people, including refugees, who are living in rural areas usually do not have access to mental health services locally. She stated, "I don't know if there is, kind of ...where do they live? In the city, right? Like, I don't know where they are, like... if it's too far from the hospital and this kind of thing."

This issue becomes even more significant if the client who needs help is a newcomer with no or limited income and they have to leave during working hours and pay for transportation in order to get the needed services. Kamelea stated:

Driving over to the big cities where sometimes it is not a possibility, especially if it is new immigrants that have come and they don't have transportation, they have to work to make money. It's not a thing that is very doable for them.

As a consequence of not having access to the required mental health services in their own communities and the need to drive long distances in order to get the required services, people might choose not to seek help or not to continue with treatment. This, in turn, might be considered one of the reasons for service underutilization. Kamelea commented, "because if the resources, you know, financial -- like, distance, they might not be able to make their appointments and follow-up with any services that were put in place for them."

In sum, looking for lower living expenses and looking for job opportunities are some of the reasons why refugees might choose to live in rural areas. However, these areas are not well served in terms of settlement services in general and mental health services in particular. To access the needed services, refugees might need to travel long distances or pay for transportation, in addition to the regular hassles of traveling. As a result, they sometimes do not seek help or they may try to deal with their issues by themselves.

b) Shortage in Mental Health Professionals

The shortage in mental health professionals was another issue that was brought up by both settlement workers and mental health care providers. Baha' is one of the settlement workers stated that, "There are resources, but very limited. I think agencies are working, settlement agencies, but again I would say we need professionals mostly who know how to help in those challenges." David also stated that there are some areas that need more attention in terms of professionals available to serve the population. He believes that, "specifically, there are some specific segments, like, for example, in child psychiatrist. This is one of the areas where there is a lack between the demand and the services offered."

As a consequence of the lack of mental health professionals, a lot of refugees have not been able to receive basic treatment, which in some cases leaves them to deal with their issues by themselves. When dealing with these issues of their own, there is a possibility that they may engage in illegal behaviours that might have a negative effect on their entire life. Dorothy had an experience with a male refugee client who was sent to get the required treatment for his mental health difficulties, but he was left without follow-up. This, in turn, made him vulnerable to engaging in illegal behaviours. She said:

Mmm, well, I referred him [the refugee client], but no one followed up. What he is doing [is] sexual stuff. He could be deported now, but he is...and it is not the fault of his own.

He suffered of trauma and he is not getting the supports.

Dalal is one of the Iraqi refugees who has had experience with the mental health system. Her 15-year-old son was receiving treatment in a mental health facility, but was discharged before he completed treatment. After his situation worsened, his mother tried to get him a spot again in the facility, but there were not enough spots due to the shortage of mental health professionals in the city. She reported that her son's situation has been worsening every day and, at the time of the interview, she still hadn't been able to secure him a spot in the facility. She said:

After he came home, the situation worsened. I couldn't control him. I don't know where or with whom he is spending his time. He started to drink alcohol, smoke, and take drugs. He even left school. I tried to send him back to the facility, but they refused him. They said that there is no spot for him now and they can't take him back. In the end, I left him to do whatever he wants. I don't follow him or talk to him. I feel that there is no hope. I have given up.

To conclude, there is shortage in mental health professionals in different fields. There is a gap between the services offered and the demand. As a result, clients who have mental challenges and need support are not getting necessary care.

c) Long Waiting Lists

In order for a patient to be able to see a mental health professional, they often have to wait for several months. The long waiting list is one of the gaps in the existing mental health services that was mentioned by both settlement workers and mental health practitioners. There are different reasons for this; one of them is the shortage in mental health professionals. Given the population size and the increasing number of refugees and immigrants in Saskatchewan, there is a gap between the demand and the services offered. Having a long wait list is one of the difficulties that make it challenging for refugees to receive the appropriate treatment in a timely fashion. Most settlement workers and mental health practitioners revealed that, if a refugee is lucky enough to be able to see a clinician, it could take months before the first meeting occurs. Kamelea said:

I know that the waiting lists are typically an issue for, you know, a lot of people, especially in terms of accessing special health care. So I think that there can be a gap there, where patients have to wait months for an appointment.

In some cases, waiting for a long time might be risky, especially for patients who need urgent care. Ghada shared one of her experiences with a refugee client who arrived in Saskatoon recently. This client had been exposed to different traumatic experiences back home and he was in need of urgent help. She clarified that:

Like, this client actually -- he was tortured in back home and -- and still he remembered all of these things and also he has, like, some -- like, the people, they tried to get rid of him, so they shoot him in his leg and everywhere. So he still, like, not able to function properly because of those things, and then when he came he still, like... when he came,

like, the -- the effects, it was developed. The second day we took him to the medical or the family doctor. So it is, like, just walk-in clinic. Just they give him some medications. It didn't help too much and -- and there is, like, differences between the medications that he was taking and what the doctor give him, so the next day actually he was... he try to commit -- actually commit suicide and he was unconscious and that we -- we called actually the ambulance and we took him to the emergency. And then it's, like, where they had to do assessment and to -- to admit him in the [emergency care].

She continued that, after this incident, this client "was able to get a close [quick] appointment."

The issue of the long wait lists is problematic for the whole population and not limited to refugees. David said, "A challenge, like, sometimes -- like, people, they will have, like, nine months wait period, like, in order to see a psychiatrist." Kamelea agreed that a long waiting list is an important issue that needs to be addressed. Sometimes clients decide not to follow through to get the required treatment. She said:

I know for a lot of our patients we have a long waiting list, which, you know, if someone is unwell and you tell him, like, 10 months from now, people are likely... are not going to call, right?

This issue might be even more complicated since, as we mentioned in the previous sections, there is no connection between settlement agencies and health region and no formal procedure for the settlement worker to refer refugees who need mental health help. Most of the referrals are done through personal contacts, and, as a result of that, clients have to wait an even longer time.

As an initiative to bridge the gap, some organizations have tried to provide on-site counselling services as a first step for refugees so that they can be assessed and provided with initial mental health services until they have an official referral, or they can be referred directly if they need urgent help. However, from the perspective of the settlement workers, it is not enough given the large number of refugees and given that this service is provided by one settlement agency conducted by one counsellor a half a day each week. As well, this service does not provide the care needed for the refugees since the counsellor does not have the required experience and training to deal with the more difficult cases of traumatized refugees. Baha' said:

I think [settlement agency] has started now with the social worker...the social worker from the government.... from the province, so she comes once or twice a week to [settlement agency]. But, still, she is not a psychologist; she is a social worker [*chuckles*].

Colleen commented on the current counselling services provided through some of the settlement agencies. She stated that, even though they are trying to provide counselling services, counselling is still one of the gaps that need to be addressed. She thinks:

Even though we have counselling here and even though one of [the] things that I am working on with my program is trying to create a direct referral to mental health so that someone doesn't have to go through intake if they are refugees [sic], because we know these are people who are a little more vulnerable, especially language issues and experiences they are coming from, [but still] counselling is a big gap right now.

In sum, the shortage in mental health professionals who are working in different mental health facilities in Saskatoon has caused long waiting lists. Waiting a long time to get the required support might become a risk factor, especially for clients who come from war-torn countries who have witnessed much trauma and who need urgent care. One of the settlement organizations has started to provide onsite counselling, but this service is not specialized and is not enough to meet refugee mental health needs.

Lack of Training for How to Handle Difficult Situations

Dealing with people who are coming from war-torn countries is not an easy job, especially if that person is from another culture and does not speak the same language. Not knowing how to deal with refugees in difficult situations and needing more training in how to deal with them are some of the challenges that settlement workers who participated in this study agreed on. Settlement workers revealed that one of the biggest challenges they face when dealing with refugees is that sometimes they do not know how to handle difficult situations, especially when the client has been severely traumatized and is suffering from mental challenges. Azeez shared one of his experiences in dealing with a refugee woman. He said:

I have so many times -- like, [a] lady who comes to register and she starts to cry, like, her husband abuse her. You know, like, these situations, sometimes you find yourself helpless [sic], you can't do anything. And even if you refer her to [a] counsellor at that moment, you can't because you can feel that she is not ready to take this, so, yeah, so these kind of stuff I feel [are] difficult. So, yeah, [we need to be trained on] what to say, what to do sometimes, you know, [when] you find someone who is crying in your office.

Baha' also agreed that settlement workers are not trained how to handle challenging situations and they find themselves confused and do not know what to do. He said, "Mmm, well... training

into social scientist. So -- but I'm not a psychologist. So I can understand the challenges, but I don't -- sometimes I don't know what the remedies or how we can resolve them, what are the next steps on it.”

Since settlement workers are usually the front line staff who receive refugees at the airport, if they are untrained about how to deal with and handle difficult situations, this might add to the stress and tension that the refugees are already experiencing. The intuition and common sense approach that settlement workers use when addressing difficult situations might unintentionally expose refugees to further risk. Rola confirmed that working with refugees is not an easy job and settlement workers should be trained in how to handle challenging situations to avoid any unexpected risk or hazard. She said:

Sometimes the counsellor [settlement worker] doesn't have the experience, so they do whatever they find, so that's why I am saying they need to be trained before, like -- more trained before they receive any, -- any clients. [Because] that will affect the life of the clients, at least at the beginning, [and] will lead him [refugee client] to feel sad and depressed and, you know, hopeless.

Mental health care providers also disclosed that they do not have the required training to deal with clients who come from other cultures and have different beliefs and practices. David stated that he did not receive any training that might help him to deal specifically with clients from other cultures. He said:

I am not exactly sure how much of training is done in that aspect. Specifically to the --- as a resident, I don't know whether something like specific lined up for me to do in the future, but, mmm, I got [the] feeling the way are see things right now is that there is not any specific training in that respect, like, specifically like in this program.

In addition to not having enough training for how to deal with clients who come from different cultures, mental health professionals also stated that they have little or no experience dealing with refugees in general and Iraqi refugees in particular. David reported that, “Since coming here, like, since I joined this department, I -- I didn't have that much opportunity, like, to deal with Iraqi refugees.” Rosa, a mental health professional, agreed that she has no or little experience in dealing with refugees in general and Iraqi refugees in particular. When I asked her if she has any experiences in dealing with refugees, she replied: “Mmmm, I don't think so. It doesn't come to my mind. I don't -- maybe one or two patients, I guess.” Dana also confirmed

that she has dealt with patients from war-torn zones, but:

Not entirely sure if they come under refugee title or if they, mmm, had come to Canada under immigration policy, you know, regular immigration rather than a refugee, but I suspect that I helped people, like, from countries -- from war-torn countries.

Mental health care practitioners believe that because they do not have a lot of experience dealing with refugees, dealing with this group of clients can be a very overwhelming experience. The difficulty is compounded when they have no specific knowledge about the background of the refugee context or about their beliefs around health and illness. When I asked Dana how she would feel if she would have a refugee client, she answered:

It's kind overwhelming I think, 'cause firstly they [mental health practitioners] don't understand potentially what have they [refugees] experienced, the person themselves what have.... difficulty probably explaining if there is language and cultural barriers, and -- and embarrassment maybe. I don't know, yeah. They -- they, having revealed it to you, and you don't already have the knowledge base unless you go do your own research, and even then it is your point of view.

To conclude, settlement workers revealed that there is lack of training on how to handle difficult situations when they deal with refugees who are having mental health issues. Mental health professionals also stated there is lack of training and knowledge on how to deal with clients who come from different cultures. Also, mental health professionals do not have a lot of direct experience dealing with refugees, which makes it overwhelming for them to deal with refugee clients.

Lack of Training for Settlement Workers about Dealing with Secondary Trauma

Dealing with refugees who flee war and who have experienced different kinds of trauma can be a very stressful experience for settlement workers. Listening to their stories and being involved with them emotionally might expose people who work directly with refugees to secondary trauma, even if they have not been exposed to the traumatic event directly. This type of experience might have a greater effect on settlement workers' mental health especially if they have not been trained on how to deal with these stressors and traumas, how to take care of themselves, and how to release these stressors. Rola thinks that one of the most important things that they need help with is:

How to stay healthy because sometimes -- like, for me, there -- some days clients will

come and cry, cry, and cry, and they have really difficult and hopeless cases that they can't change or they can't solve it. So this is -- I was -- take it with me at home and I feel at the end of the day I am really sick and tired really. Then I either to take shower or, like, to just get rid [of] all the stress that I had during the day. Yeah.

When I asked her if she needs more training or help to take care of herself, she confirmed that she needs more training about how to take care of herself in order to be able to serve refugees better:

Yeah, that's the only thing we need. The social worker, as a person and as a worker, needs to have his or her full energy to provide the required assistance, the necessary assistance to the client. So this is how it works. You need to take care of yourself, [and] then you will be able to take care of others. If you [are] lacking that, it won't be possible for you to help people.

Settlement agencies do not often consider helping refugees settle and adjust as something that can negatively impact the settlement workers' mental health. Because of this, settlement agencies do not offer any training or programs to people who work directly with refugees. Colleen was talking cautiously when she confirmed the need for more programs and training to help settlement workers deal with their own stressors. She tried to pass this message along, but she did not get any response or any acceptance. She said:

It is definitely something to just think about it and support one another, and it is not an easy place to work, you know. There is a lot of stress because most of our clients are carrying stress, and not a superficial stress, but, really, really -- like, deep stress and that made me sometimes think... Honestly, I believe one of the things to do, and we are not doing very well, getting my voice down because you know... I have tried to highlight this, but I am too new here, so...we could really promote, you know, taking care of ourselves...you know, whether that is a yoga class for staff or, you know, more opportunities for deep breaths or reflections when there is a hard client.

From her perspective, because it appears to settlement agencies that people who work directly with refugees are only dealing with settlement issues and do not deal directly with refugee mental health concerns, settlement workers are not provided with any specialized training or services to teach them how to deal with their stressors.

While some settlement workers have their own ways of coping and dealing with these

stressors, other do not, which puts them at risk of continuous suffering from these stressors, especially if the settlement worker is a refugee himself. Colleen continued:

You know, some people probably having their own coping skills. You might go for a walk after work, you go to yoga classes, hanging with your kids... whatever it is, you go and barbecue, mmm, but not everybody has [that] luxury, you know? Most of us has to rush when it become sort of like -- the stress may be just continuous for the rest of that day, but if there is something I would think that ... I think that this is actually -- is an important learning to better help our clients, right?

To sum, the need for special training for the settlement workers about how to take care of themselves and how to deal with the stressors that happen as a result of dealing with refugees in general and traumatized refugees in particular was one of the things that settlement workers expressed a need for. Dealing with war refugees exposes settlement workers to secondary trauma that they often do not recognize until it is too late. Training and service is usually ignored and neglected by settlement agencies. They assume that settlement workers are typically providing basic services and dealing merely with settlement issues, while, in reality, settlement workers work closely with refugees, especially during the first three months of arrival, and this makes them more vulnerable to being exposed repeatedly to refugees' traumatic stories and the negative effect of that.

Understanding Refugee Underutilization of the Mental Health Services

Immigrant and refugee underutilization of mental health services is one of the issues that has been heavily reported by previous researchers (e.g. White, 2007, 2009). As mentioned above, mental health professionals revealed that they do not have a lot of experience dealing with the refugee population. Refugees do not tend to seek formal support for their mental health issues, as they usually tend to deal with their difficulties in other ways.

From the perspective of settlement workers and mental health practitioners, there are different factors that affect refugees' behaviour and the likelihood that they will seek help and support for their mental health challenges. These factors play an important role in hindering refugees from seeking mental health support when they need it. These factors can include: the stigma attached to mental illness; that treating mental illness is not a priority for refugees; a lack of awareness around the services available in the community that they might access; language difficulties; the lack of trained interpreters in counselling settings; the cultural differences in

beliefs and practices surrounding mental illness; and a Westernized mental health system. Below, I will address each of these factors in detail.

Stigma Around Mental Health

The stigma around mental illness and seeking help is not something that only occurs in the refugee population, but can be found in any country, regardless of its level of development. Refugees and service providers agree that there is a stigma around mental health that, in turn, makes it challenging for refugees to seek help; most of the time they prefer to remain silent about their mental suffering. Rola revealed from her experience that one of the things that prevents refugees from seeking help is the stigma attached to mental illness. Often, people think that anyone seeking mental health help is crazy and, as a result of that, people prefer to suffer in silence rather than be labeled. Rola said, “I found people here, they are afraid to go and meet with a counsellor. Some of them just think that, oh, we are not -- like, they think that this is just for crazy people.”

Another example of this attitude is evidenced by Noor’s story of trying to find help for her son. She asked her settlement worker and her family doctor to refer her son to a mental health professional. She was very cautious in approaching and looking for help because she did not want anyone from the community to know about her son’s difficulties. Even during the interview, she confirmed that there are only two people from the community who know about her son’s mental issues, and they are her settlement worker and I. She revealed, “You and he are the only two who know about him. I don’t want anyone else to know about him, I don’t want the whole community to know about his issue.” She continued by saying that her efforts to convince her son to see a clinician were not successful. He refused to get treatment because he thinks that this kind of treatment is for crazy people. She said:

I tried to convince him to see a clinician and I tried to explain to him that it is something normal, but he refused. He was saying “Do you think that I am crazy and you need to take me to a clinician? How can you even talk to me about that?”

Zaid believes that most refugees suffer from mental health difficulties as a result of being exposed to different traumas, but he thinks that it might be better for them not to seek help and to stay silent because he believes that, if they are diagnosed with a mental health disorder, then the label of mental illness will stick with them for the rest of their lives. He said:

I prefer for everyone to stay away from clinicians because, to be honest, most of us, the refugees, if we go to a clinician, they will find 90 percent of us have mental disorders. Most refugees are tired because, as I said, they have seen many different tragedies before they arrived here.

He continued:

All refugees are tired. They might go to a clinician and find more mental illness than they expected, so they try to avoid that. For example, I am one of the people who is mentally tired, but I am surviving, thank God. I am afraid if I go to a clinician he might say that I am crazy. There are many things we don't know that clinicians can find.... So if you ask me why I don't go, I will say that I am afraid that a clinician will find something wrong with me.

Marwan, another one of the refugee participants, acknowledged that he needs help, but he cancelled his appointments because he cannot speak English and he needs to take someone from the community along to translate for him. He was anxious about people from his community knowing that he is receiving mental health treatment.

The issue of stigma around mental health is a worldwide issue and it might appear in any culture, even in the most developed countries. David believes that the issue of stigma also exists among the Canadian population. He said:

There is, like, a -- mmm, a lot of stigma, like, so -- mmm, associated , like, with mental health issue[s]. I see that stigma here, like, in the Western culture where we would say that this is the developed world and the Middle East or where the people... the refugees come from are the underdeveloped nations. But if I can see that, here in the developed world, like -- well, you can guess or you can imagine how it would be like in the underdeveloped world. So definitely there is some shame associated with admitting, like, any psychiatric illness or to be labelled as having a mental health issue.

Ameen agreed that the issue of stigma also exists in most developed countries, and even people with a good level of education find it challenging to admit they have a mental illness. He thinks that:

In Canada, mental illness [is] still a stigma. We don't talk about it. Every third man or fourth man is suffering from anxiety or depression and there is a lot of suicide cases. I am talking about mainstream Canadians, forget about refugees who are coming with no

resources, no education, no... so imagine that will be, like, 10 times higher cases as compared to the Canadian.

While some refugees tend to hide their mental illness, others deny that they even exist. This denial makes it even more challenging to support them and to provide them with the necessary services. Safeer shared one of his experiences in dealing with refugees who have experienced trauma and showed signs of mental disorder, but they denied that they have any mental difficulties or that they need mental health care. They refused to receive any support related to their mental problems. He reported:

I talked to a couple of clients who are not from Iraq, but [refugees]. They left. We referred them because they have this mental issue and we refer them to doctors. They never went there because they said, "If a person is mentally ill, he has to be chained and locked down. Because I am healthy, I can do my job every day, so I am not mentally ill."

Safeer believes that one of the main challenges they usually encounter is convincing their refugee clients that they need help and that they should receive mental health support. He believes that, "To make those refugees agree to admit that they need help, that's the biggest challenge."

All mental health practitioners who participated in this study revealed that they have limited experience dealing with refugees, and they think that stigma plays a big role in holding refugees back from seeking help. Rosa said:

It's rare, I think. It's actually rare, but given, you know, so many immigrants we have here in Canada, I don't see a lot of them here in psychiatry. So I think maybe they are isolated or maybe there is a stigma, like, in the community itself. They are, like, maybe not open to psychiatric care.

As a way to encourage refugees to get the required treatment, settlement workers try sometimes to use other concepts rather than say "mental illness," "clinicians," or "psychiatrists" when they talk to their clients about some of their difficulties. Safeer said:

If they [settlement workers] see something abnormal, they usually contact and refer them [refugees] to [a] psychiatrist, but don't call it [a] psychiatrist, psychologists. They will call it a doctor, a check-up with a doctor. So it's, kind [of], the name, I think, when translate maybe in different languages, psychologists, psychiatrists, maybe different intonations, different meaning to people, so that's why our counsellors will take it away.

In summary, there is a lot of stigma around mental health and mental illness that, in most cases, holds refugees back from declaring that they need support. Refugees avoid seeking help for their mental illness because they are afraid of being labeled. The stigma around mental health is not limited to refugees, but is a global issue in most developed countries, including Canada. Settlement workers tend to use different terms when talking about mental health and psychiatry to make things more comfortable for and accessible to refugees.

Mental Health is not a Priority

Once refugees have arrived in their final destination, they usually have many things to take care of: housing, learning the language, finding work, adjusting to a new system, placing children in school, and so on. As a result, dealing with their mental health is often not a priority, and usually they postpone dealing with it until they settle in. Kamelae said:

When refugees come to the country, there is a lot that they have to do, right? It's a new system, a new place. They are getting used to their lives. It's a huge adjustment and maybe their, you know, psychological needs are not high in their priority list. They also often have families. They are, you know, just try[ing] to figure [out] their situation financially, and a place to live and things like that. So maybe that's [mental health] not something [that] has a priority for them, Refugees already have so many things to overcome, then, also, if they have, like, a mental health issue, then they might not even want to deal with it.

Dana agreed that refugees usually try to avoid dealing with their emotional and mental problems that result from previous traumas, the process of the forced relocation, and the adjustment to a new place because their mental health is not one of their priorities once they arrive. Dana stated:

When you come to a new country you are worried about your money, you are worried about your status, you are worried about so many other things like food and your family, that people don't necessarily think, you know, and what about, like, me, emotionally? Like, my emotions? So, like, they don't even want to even worry about that. It's not a priority.

Most of the time refugees think of mental health help as a waste of their time and they have other more important things to deal with rather than their own emotions. Feras stated:

In some cases [if they get a referral] they would say, yes, I would like to have that. In some cases maybe they would say, no, I need this and this and this instead of having this

because, for me, it's just [a] waste of time. I know what is my problem. I know what I need.

An example of this situation is evidenced by Sarah, a female refugee who arrived in Canada five years ago. Even after she realized that she is in need of mental health support, she stated that she has other priorities in her life to deal with rather than seeking mental help. She said:

Really, I think sometimes that I need to see a clinician, but I don't have time. Clinician visits require time and I don't have time for this. Even if I am suffering, I don't have time to go and see a clinician. My daughter told me many times to go and to seek help, but I tell her every time that I have too many other things that I can be doing in that time.

During the focus group interview, Ameen shared one of his experiences in dealing with a refugee family where one of the parents was in need of counselling, but he did not have time to set up an appointment because he was looking for work to secure the basic needs for his family. Ameen said:

I had one parent and he needed one-to-one counselling, and this counsellor was going to their home to make an appointment, but he wasn't available because he needs to go and find a job so he can put the food on the table. Even he realize[d], himself, he need[s] one-to-one counselling, but he can't do it because who will feed the family?

Refugees usually tend to deal with their most urgent issues once they arrive, and sometimes they are not even aware of their mental health challenges until they have settled in and started to understand the system; this can take years. Safeer added:

It might take them a few years before they started to seek help. Refugees, once come, prefer to deal with their urgent issues and their families' issues, and leave their mental and emotional health until they settle. Once they [refugees] get here, it takes them time to understand what are their needs. And because [the] first need is the basic need, they want to be in a safe country, the second is... is once they just [settle], it's the cultural shock for about a year and a half. They don't know where they are. Everything looks different and, after that time, just slowly realized what are their actual needs because, first thing, it's just basic shelter and food and how to be in a safe country.

Dorothy also agreed that it usually takes time for refugees to understand their mental health needs. She reported:

What we found is a lot of issues. Any mental health, any domestic abuse, any health

issues seem to come close to three years and up. It takes time to settle in and feel safe and know what's going on, and anywhere from three years up to eleven years, actually, women [are] coming and asking for support.

In conclusion, once refugees arrive in Canada, there are many things that they usually worry about and need to deal with immediately (housing, education, language, food, and adjusting to their new life). Their mental health is not a priority, and, in most cases, they tend to avoid dealing with it unless the situation is urgent and requires immediate intervention. Finding out mental needs usually take time, until refugees have settled in and start to understand the system, which in most cases might take years.

Lack of Awareness around Available Mental Health Services

Not having enough knowledge and information about the available services might be another factor that affects whether a refugee seeks help. If a person does not know about the offered services and where to find them, then the logical consequence is that they will not look for these services and not use them. The interviews revealed that there is lack of information and awareness around mental health services offered to refugees. This lack of awareness is not merely from the refugee side, but also found among the service providers.

While settlement workers are not aware of the mental health services offered to refugees, mental health care providers also do not have enough information about settlement services that are available to refugees, and they are also not aware if there are any specific mental health services for refugees. Kamelea, a mental health care provider, revealed that she is not aware of what services are provided to refugees. She said:

So I think that, you know, if the thing that comes up is -- if there are any services available and what they are, I think that, you know, there isn't a lot of awareness. Like even I, for example, I am not entirely aware of what services [are] available to refugees in town or, you know, anywhere, given that I haven't dealt with that patient population so much. I don't know even about the actual specific services that are available to refugees when they come.

Dana agreed that she does not have a lot of information about the services offered to refugees. She revealed, "To be honest, I am not entirely sure what they do [settlement agencies] because I haven't ever talk[ed about it]."

Refugees themselves also might not be aware of the services offered to them unless they

have been provided with the information. Marissa said, “I think maybe refugees in Saskatoon don't know what's available, so that's one part of the problem.” Kamelea also agreed that refugees often are not aware of the services available to them. She said:

Sometimes even though things exist, people might not know about it. I think that they are not even aware sometime[s] of what is available because, like I said, it's a new place right? And unless it's something offered to them, they might even don't know about it. Raising awareness around the services available and making them accessible is an important step in order to help refugees utilize the available services and to get the necessary help. Kamelea suggested that, “In terms of specifically mental health issues with refugees, I think that raising awareness again, I think, is very important because I think people don't know that there's help available.”

This lack of information might, in most cases, affect and limit the service provider options on how or where to refer the person or how to best help the client to access resources. Raising awareness among different service providers about the services offered by different agencies is very important for better helping the refugee population. Dana said, “Mmmm, really the only thing, I mean...I need to be probably more educated in first [place about the] settlement agencies.

In sum, there is a lack of awareness around the services provided to refugees in general, and the mental health services in particular, among the refugee population and among service providers. There is a need for more information about different types of services and resources offered to refugees. This information should be available to refugees and service providers to make it possible for them to best access available services.

Language Difficulties in a Counselling Context

Language is a huge barrier that refugees face in their lives in general, and in counselling settings in particular. Language difficulties have been reported as a factor that limits refugee use of the existing mental health services and, in many cases, inhibits them from seeking mental health support when they need it. Most refugees come to Canada after having lived in refugee camps for a long time, and most of them arrive with a low level of education and poor English language skills. Once they arrive, they often start learning English, but this is often complicated by a low level of general education.

In addition to being a barrier in a refugee's life in general, language also has been reported to be a barrier when refugees try to seek counselling or mental health support. As a result of not being able to speak English, refugee clients cannot communicate with counsellors and cannot accurately express themselves. Most of the participants from all three categories—the refugees, the settlement workers, and the mental health care providers—agree that language is one of the factors that holds refugees back from seeking mental health help. Noor disclosed that language was one of the factors that prevented her son from getting necessary mental health treatment. She looked for, but could not find, a clinician who speaks her language. She said, “My son, he can't go to a clinician because he can't speak English. He can express himself, but can't speak fluently.”

Settlement workers and mental health practitioners also agree that language is a huge barrier when dealing and communicating with refugee clients, especially in a counselling context. Dana stated:

Language is also another thing that we... we have to consider, especially when a lot of people don't speak English as their first language, and, you know -- mmm, our interview, kind of a very important thing. So when, you know, we have to communicate with them, there is a-- This [is] something [that] needs to be considered.

a) Negative Aspects of Using the Help of Interpreters from the Same Community

As a way to facilitate communication between mental health professionals and refugees, often an interpreter is needed, and this person might either be from the same family or from the same community. Dana stated, “So often we will talk to their family or people that know them and get a translator involved as well in order to do that.”

Getting the help of someone from the community might seem to be the perfect solution for addressing language barriers and facilitating communication between the two sides, but, in reality, this is not always the case. The refugee often considers having a community member at the meeting a breach in privacy and so they may refuse having an interpreter involved in the process; refugees often simply cancel their appointments. Rola stated that refugees sometimes prefer to cancel their appointments and not get the necessary help rather than ask for the help of someone from their community to interpret for them. She said, “For confidentiality, they [refugees] don't like someone else to know about their sufferings and their problems.”

Marwan is one of the refugees in need of mental health treatment and, because he could not speak English, he cancelled his appointment since he was asked to bring an interpreter with him to the appointment. He said:

The family doctor transferred me and then, like, I didn't go because they asked me to bring an interpreter. I had to go with an interpreter and I can't talk while an interpreter is with me. Like, I couldn't talk to anyone and ask him or her to come with me and-- something like that. Like, the problem was that the interpreter, like, will be Iraqi, for example. I felt nervous about that, so I didn't go... I didn't go. They called me twice, and I didn't go. I have only one friend and I felt embarrassed to ask him to come with me, so I decided to close the door on the issue.

Involving someone from the same community in counselling settings is not something that refugees often want to do. Talking about sensitive and private issues in the presence of someone they might see frequently in their community is the last thing that a refugee client wants, especially in Saskatoon where the community is small and people know each other. Marrisa stated:

Language, too, is a barrier because mental health services [are] provided in English for the most part. So even though there is an interpreter available, I think that's still challenging because somebody might not want to have someone from his community [attend]. It is not huge in Saskatoon.

b) Lack of Training Programs for the Interpreters

This issue of involving interpreters from the community can be complicated when the interpreters are untrained and the issue of confidentiality has not been discussed thoroughly with them. Colleen stated that there is no program that is designed to train interpreters on different issues such as confidentiality, accuracy, and objectivity. She said:

There are no trained interpreters and there is no official program that trained them. If it was someone in the community, you know, officially all of your information should be confidential. We don't yet have a full trained or training program for interpretation, so the standard to the guideline, our interpretation, like, know -- are very much, like, not existing.

As a result of the lack of training, interpretation services might not be trusted and refugee clients might reconsider seeking mental support. Marissa shared some of her experiences where the

issue of confidentiality had not been respected and the clients heard about their private stories from other people in the community. She said, “Some of them [refugee clients] might know that from their community, hearing about their personal struggles and issues. That might be [a] barrier with interpretation.”

Accuracy and truthfulness are other concerns that appear as a result of not having training programs for interpreters. When the interpreter does not have adequate training or has not undergone any official assessment to evaluate his language proficiency, then the issue of accuracy in the interpretation process might be questioned and potentially cause miscommunication between the client and the professional; this can often worsen the situation. Mai felt that some of her statements had not been accurately translated to refugees she was counselling, either because the interpreter’s skills were not very good or because he was careless about how precise and accurate he should be. She stated that she relied on the body language of the client to understand when things were not going well or that her messages were not being communicated correctly. She said:

Even us, as counsellors, sometimes we feel frustrated. It was like you are not understanding me, I use an interpreter and I am not sure of what the interpreter is saying because sometimes if I have my interpreter and my interpreter is saying something to you [refugee client] and your face is blank, I am worried that are we communicating [correctly], you know? So we need to trust that we got good interpreters, okay, especially if you are [interpreter] somebody who don’t really care.

Harry, a settlement worker, shared one of his experiences where interpretation was a problem when trying to provide counselling. He said:

[The] other issue, it is the language. Sometimes if you have mental issues, sometimes the psychologists need the discussion with his own language because there is different tests they do. They do translation, and, with the translation, sometimes there is missing information. It happened to me. One kid had some issues, the kid speaks French, but we couldn’t be able to find any psychologist who speaks French. So to go to the psychologist, it was hard for the interpreter to do the test for the kid, and even the psychologist [says] it’s not easy to understand each other. Sometime[s] the test wasn’t 100 percent [accurate] because of the language communication.

In many cases, even with the help of a trained interpreter, communication between clients and mental health professionals can be challenging. The process of interpretation itself does not necessarily reflect the subtleties of what is being said, and there is a lot of information that can be lost in translation. Rola said:

The problem, also the challenge, is the language. Like, if they don't speak English enough, so they have to bring someone to translate for them, and I don't think that the interpretation will be, like -- it's the same, like, you speak the language and understand the counsellor or the counsellor can understand you.

Kamelea also added, "With translation, you know, a lot [of] that gets lost in communication, especially when you [are] involved -- the more people you involve, the more gets, like, lost."

Dorothy agreed that using interpretation services in a counselling setting complicates the process. She said, "[The] language barrier, [especially] if you are counselling, it's hard because you have to wait for the words to have been transferred back and forth."

c) The Effectiveness of the Phone Interpretation Service

Sometimes interpreters might not be available and this makes it difficult for the professional to deal with the client. Rosa shared one of her experiences where she was in need of an interpreter to help with one of her patients, but there were not any available. She said:

It is hard to get a translator for the interviews. The only service that we have is this phone service and it would be, like -- it is probably... it is difficult, I think. Yeah, I saw this boy was from... I can't remember which country he is from. Anyway, we never had, like, a translator, like, to come to the interviews, and I think, you know, taking the history for this patient, and we never were able to have, like, a translator to help with the interview.

Using a phone interpretation service is another way professionals might access translators in urgent situations or when the client is hesitant to bring someone from their community. With this service, the professional calls and asks for an interpreter who speaks the same language as the client. Even though these services might be a quick solution in some situations, settlement workers and mental health professionals find communication with the client through the phone service is even harder. Dorothy believes:

One of the ways that recently we have been seated to be communicating through translation programs on our mobile devices, like cellphone or something like that. But

that's still is not as good as being able to speak directly one to another. So it's one option, but that's definitely a barrier.

This service is an alternative to having a translator present, but it can be ineffective. Marissa said:

So even maybe something like over the phone interpretation, this is not another person saying that you could see. I don't know if that could make a difference or if that's... yeah, if that's really the challenge... not sure.

Colleen also questioned the effectiveness of using the phone interpretation service. She added:

That's what I wonder about phone interpretation. If the health region provides phone interpretation, a trained person who is never going to know who you are because they are in the States, like mostly people are in the States, mmm, but how effective is that?

As a result of the language differences between clients and professionals, refugees sometimes might not have access to health services because professionals might indirectly try to avoid dealing with them to avoid the trouble that they might face as a result of a language barrier.

Colleen shared one of the cases where a person was not able to access the services because he cannot speak English. She said:

There was a gentlemen and this [was] an Iraqi person. [The] refugee, he didn't get access to the health care system and was denied due to his inability to understand English, mmm, but, you know, in our health region here, there is a policy around language interpretation, but perhaps it's not fully implemented and not everyone is aware of it. But when someone is eligible or entitled or has the right to a certain level of a service or care, in this case [it] is the health care, something like language should not actually be a barrier, but it is -- and often it is.

She continued, "Do you want me to tell you the truth? It takes them forever to get a psychiatrist referral. I don't know why. I think a lot of it [has] to do with language."

To conclude, language is one of the barriers that prevents refugees from seeking help for their mental health challenges. Although the help of a translator may assist access, there are problems with this solution such as a loss of information through the translation process, and clients feeling uncomfortable with translators from their communities in their counselling sessions (a breach in privacy). Additionally, the lack of official assessments or training for interpreters can reduce the effectiveness of this service, particularly with issues of

confidentiality, accuracy, and objectivity. One alternative for refugees who need interpretation services could be the use of a phone service so translators are not in the room or, indeed, in the community. This alternative may be useful in urgent situations when there is no interpreter available, but this method of translation has been reported to be complicated and less effective. Mental health practitioners sometimes avoid accepting patients who cannot speak English because of communication challenges, which, in turn, makes the situation more challenging for clients who need help.

Cultural Differences in Understanding Mental Illnesses

Beliefs and practices around health/illness concepts, both physical and mental, differ from culture to culture. These differences lead to dissimilarities in how people seek help for mental health issues. There are several factors often inhibiting refugees from seeking professional help for their mental illness. Some of these factors include: lack of awareness around mental illness, different expectations from the treatment process, and a Westernized mental health model and the absence of spirituality and religion from this model. These factors and their relationship to whether refugees seek help are discussed below, as well as the readiness of the existing mental health care model.

a) Lack of Awareness around Mental Health and Mental Illness

Lack of awareness around mental illness is one of the reasons behind refugee underutilization of the existing mental health services in Saskatoon. Sometimes, when someone is experiencing symptoms that affect quality of life and performance of daily activities, but he or she does not understand that these symptoms stem from mental illness, a person cannot address what he or she is experiencing and may not even know that professional help is available. Feras stated that:

In most of the cases -- if someone have problems with his emotional stability, most of the cases they don't really realize that. They don't know about that and most of them, they don't really recognize that.

Sometimes using complicated and professional terms when communicating with refugee clients might create some fear around the treatment and prevent them from seeking help. Ameen said:

If I am a refugee family, right, and I arrive to Canada, I don't know all of these fancy words, what is PTSD, what is trauma. I am going to have a heart attack after [these] big words unless I know the whole thing.

The person might continue to suffer from the difficulties and try to deal with them on their own, assuming that they are temporary and will disappear over time. Fedra is one of the refugee participants who described some symptoms related to depression that she is experiencing in her life. From her perspective, these difficulties are temporary and they will heal in time without any external intervention. She disclosed:

I believe that these difficulties will go away at one point. Thank God, I can control myself and handle the situation. I know that these psychological difficulties cause stress for a short period of time, but then it will go. The person can handle the situation.

Zaid described some symptoms he is experiencing, but also spoke of not knowing what causes these symptoms or where they come from. He shared that he usually prefers to deal with the problem by himself or to share with his wife rather than seeking professional help. He disclosed, “Sometimes if I feel stressed, I sleep. I don’t have anyone to talk to. I might talk to my wife, but sometimes both of us are tired, so, to be honest, I don’t have anyone to talk to.” And when I asked him why he had not sought formal support when he feels anxious or depressed, he revealed:

To be honest with you, I am 33 years old. I have seen a lot of things in my life. I know that this might be a mental health issue or something like this, but I believe that this is life, sometimes up and sometimes down. So I believe that, in the end, things will be good, so I don’t think that I need to see a doctor.

The behaviour of not seeking professional help sometimes emerges as a result of not having access to mental health services back home, or sometimes these services do not exist at all.

David said, “If they [refugees] have never [had] access to mental health service [in their country of origin], they don’t even know what mental health service is about.”

In other cases, mental health illness might express itself in physical symptoms. In this situation, refugees tend to seek help from their family doctor to get medication for their illness. However, medication might treat the symptom, but it can persist if its origin is a mental illness. Colleen confirmed:

Sure, we have seen it there too, where refugees are coming [from] experienc[ing] a kind of loss, or perhaps they saw the death of their husband or their children. I mean, that’s like ... or they have experienced pretty severe, you know, rape and things like that, they are dealing with pain, like chronic pain, and then you hear stories that this that come out

and so they are going to get treated from.... They are going to walk-in clinics to deal with the pain, but the -- the issues of all of these things that have accumulated in their life.... This lack of awareness happens not only amongst refugees; in some cases, professionals might not acknowledge the role of the mental health clinician or the importance of seeking help. Marwan described his experience when he was looking for mental support and his family doctor refused to refer him, assuming that mental health services are not effective and that the person could deal with his symptoms by himself. He said:

And even the family doctor referred me after making me suffer. He was asking, "What would a psychiatrist do for you?" I told him you don't know, you are... you are, like, you are a physician. There are many things that you don't understand. A person might need medicine. Yeah, and after asking many times, he finally referred me, yeah.

To summarize, one of the reasons for refugee underutilization of the mental health services might be a lack of awareness around what mental illnesses are and not being able to clearly express their needs. They might choose not to deal with these symptoms and believe that they are temporary and will heal without treatment. In other cases, mental illness is not considered as something that a person needs to seek help for. This lack of awareness is sometimes demonstrated by family physicians who fail to distinguish between the physical and psychological symptoms that clients are experiencing.

b) Mental Illness is a Personal and Private Matter

In some cultures, mental illness is acknowledged and people tend to seek formal and professional support; however, in other cultures, mental illness is not acknowledged and people do not seek professional help. So even if a person is aware of the mental illness, they might not believe that this is something that they need to see a doctor for and they think it is something that they can deal with on their own. Kamelea thinks that:

There are a variety of reasons, you know, people, like, from [other cultures] a lot of them don't seek help. I think specifically in regard to refugees, I think sometimes cultural differences, right? They come from a country where mental health issues are not something that [is] acknowledged and it's not something that you actually -- you go and see a doctor about. It's something to do on your own and it is kept private.

Even though there is a stigma around mental illness in Western cultures, people are aware that they can and should seek help for mental illness, which is not always the case in other cultures.

Often people must deal with their issues alone. Rosa added:

So I think it's -- just to see a psychiatrist is part of a culture, and people in North America are very familiar with that, you know? If you have behavioural problem or emotional problems, you see a psychiatrist.... Where I think, you know, in other cultures, people, kind of, try to deal with their problems, behavioural or emotional problems, without involving psychiatrists [and] without involving mental health [workers].

These cultural differences of perceiving and understanding mental illness have been reported as a cause for underutilization of mental health services. She continued:

You know, mmm, I think that there... like, I don't... I see immigrants, but I don't know that I have seen a lot of refugees, and I think, you know, there might be cultural... like, mental health still [is] something [that] isn't acknowledge [d] in a lot of countries, so patients do not have the tendency to sometimes seek help.

In these cultures, mental illness may be thought of as a private matter that must be dealt with alone or within the family. Issues are often kept confidential and are not disclosed to anyone. From her experience, Dana affirmed that refugee clients usually think of mental difficulties as a family matter that should not be shared with anyone from the outside. Disclosing mental illness outside the family might be considered a weakness and as breaching the family's privacy. She reported:

Maybe mental illness is seen as something you can deal with on your own, and...and that medications don't have a role. They might [be] from a culture where they should deal with everything on their own, or their family should be there to be the ones to help on that. Maybe you shouldn't reach outside of your family and that, [if it is] seen as a weakness.

Feda described how she is trying to deal with her difficulties within the family. If she tries to disclose or share her issues with anyone outside her family, then she might lose their trust. She said:

I don't like to tell anyone about my difficulties and my family issues. I am not able to ask for the help of anyone outside the family because I don't want to lose the trust of my family. I would like to, but I don't want to lose my family's trust. If I tell anyone outside the family, they [my family] will start to say, "Oh, you revealed our secrets," or something like that.

As a result of these differences in understanding and dealing with mental illness, clients might not share their struggles when they seek help from settlement agencies. Instead, they may keep these problems to themselves, which often makes it very difficult to provide the required help. Mai revealed that one of the main difficulties she experiences when dealing with refugees is they do not open up easily and they avoid disclosing their problems because it is taboo to do so in their cultures. This, in turn, prevents her from being able to provide the required support. From her experience, refugees sometimes seek help for normal day-to-day issues, but tend to hide their mental challenges. She said:

People don't open up. That's one thing that maybe some families come to [settlement agency]. You are not.... You are just treating the surface. We are not going deep to the issues because, culturally, it's... it's not permitted to open up.

Kamelea added, "Another thing is, culturally, if you know, someone is uncomfortable talking to you, they might speak English and they don't want talk to you, right?" At other times, the person might deny that they even have a problem or need any help. In this case, the employee won't be able to provide any help until it is requested. Feras said:

It is -- it is always difficult to convince them that they have an issue. You expect them to realize that by themselves and it takes time. So I would say it is in the client side to make the initiative to say, okay, I recognize that I have a problem. I need assistance in this regard -- in that regard.

In this case, providing the needed help usually only occurs when the person's behaviours become out of control, and then it is usually other family members or friends who bring them in for treatment:

They try to deal with it and it's usually family members that have try to deal with it on their own until it went -- end, and it has been going on for some time when they should [have] brought the attention [to it] earlier, mmmm, yeah. Usually, the illness has been going on for some time and their, kind of, last resource [is] coming to hospital, when maybe there could have be an intervention earlier potentially, but they, themselves, didn't know where to go for help or don't believe it's an illness, they [are] dealing with it on their own.

As a result of refugees not being aware of their difficulties, sometimes the help that is offered to the clients comes too late and the situation becomes severe. Dana added, "Unfortunately, [in]

some cases, people have ended up in the [mental health center], where earlier provision of help would be much more effective.”

In order to help refugees better acknowledge and recognize their illnesses, there is a need for more awareness to be provided to refugees around the effect of war trauma; they must be taught to recognize some of the symptoms that they might experience and the necessity of seeking help. Kamelea suggested:

To let them know that, you know, certain psychological consequences are potential[ly] based on some of the experiences they have had to the process of being a refugee, depending on what’s going on in their home country, that this is something that can happen and to make them aware that there is help available and [they] don’t have to suffer unnecessarily. And then ... and then actually to be able to access the service.

To conclude, another cause for refugee underutilization of the mental health services might be because mental illness is viewed as a private family issue that should be dealt with within the family; disclosing problems might be seen as violating the family’s privacy. Staying silent about mental illness makes it difficult to offer refugees the required help. Most of the time, refugees seek help when things get out of control, and then it is usually their family members or people around them who seek support. Education about the effects of war, possible symptoms, and the importance of seeking help as soon as possible should be a priority when working with refugees.

c) Different expectations from the Treatment Process

As a consequence of the cultural differences in beliefs and practices around mental illness, there are different expectations in regard to the support provided to the patients during the treatment process and the outcome of this treatment. These different expectations come from both sides: the mental health professional may expect the patient and their support system to act in a certain way during the treatment process, and refugee clients also have different expectations from the treatment process. Dana shared a story about the difficulties she experienced when working with a refugee that arose from these different expectations around mental illness treatment. She said:

We had a patient that was from another country and – mmm. And, you know, like with the nursing staff in the ward and with dealing with the patient and the patient’s family, a lot, I think, was lost because, you know, we are not very familiar, mmm, with that culture and... So the expectations that they have from us and what we were expecting, kind of,

from them in terms of understanding the treatment and following some aspects of it, mmm, that was something that, kind of, came up as a problem.

Kamelea also shared a case where there were different expectations about the treatment process between the patient, their family, and the nurses. She said:

It was a situation where the young child was very unwell and very confused, and one of the things that we suggested is, like, more emotional support from the family members. And in their culture, [it] is more typical for the father to be hands off and the mother to be, you know, more emotionally involved and physical with the patient in terms of, you know, holding her hands or, like, rubbing the head of the young girl. And so the father was present. You know, he [would] just stand off to the side and watch the daughter, and the nurses would be more involved with helping settle her.

These differences in beliefs, understanding, and practices around mental illness, as well as the differences in the expectations from the treatment process, make the experience of dealing with refugee clients challenging and overwhelming for mental health professionals. Dana said, “When you see someone from another country, there is a lot of other things to consider that you may not have considered with someone [who] has [been] born and raised in Canada.” A lack of information and knowledge about the manifestation of mental illness in other cultures makes it difficult for mental health practitioners to offer the appropriate help. Kamelea believed that, “When you deal with someone from [a] different culture, that is always a challenge because you -- you should -- you know, ideally, you are trying to be familiar [with] what their culture expectations are.” When I asked her about her thoughts on dealing with refugee patients, Dana disclosed that:

It’s kind overwhelming I think, ’cause firstly they don’t understand potentially what have they experienced, the person themselves what have.... difficulty probably explaining if there is language and cultural barriers, and -- and embarrassment maybe.

Difficulties and challenges in dealing with refugees because of the cultural differences do not just exist among mental health practitioners. Settlement workers also revealed that working with refugees from different cultures is a challenge for them, and more information and awareness about how to deal with refugee clients would be very useful. Dorothy said:

When I go to workshops and work with everyone...they will say, just, we don’t have cultural understanding. We would love for that knowledge, but we don’t have it. I think,

mmm, the people that I have dealt with are amazing and patient and caring and really care about this population, but they don't understand how to better support [them].

As a result of these challenges and difficulties in dealing with refugees from other cultures, some mental health practitioners try to avoid accepting these patients, which, in turn, makes it more challenging for refugees to be appropriately served. Colleen disclosed:

People are denied, like... I want to get a primary -- you know, there is a doctor that's accept[ing] patients, but sometimes they denied that or there -- you know, it's a challenge to communicate. If you come from a different cultural understanding about something, it's often -- there is sometimes a bit of challenge and that creates conflict.

In conclusion, beliefs and practices in regard to mental health and mental illness are different from one culture to another, and this, in turn, affects when and from where people will seek help. These cultural differences in understating health and illness create a gap between what refugee clients' expectation of mental health treatment is and what they actually receive. Mental health practitioners find it challenging and overwhelming to deal with refugee clients who come from other cultures, which causes them sometimes to avoid accepting refugee clients.

d) The Westernized Mental Health System and the Absent Role of Spirituality

The biopsychosocial model is considered to be the dominant paradigm of understanding and treating human behaviour in Western cultures. This model perceives humans as physical entities whose behaviours can be explained by the principles of physiology and biochemistry (Armstrong & Swartzman, 2001), in addition to the effect of the psychological factors and the surrounding environment.

Since its introduction, this model has been widely incorporated within the medical sciences and health psychology. Furthermore, several health psychologists in particular consider the biopsychosocial model to be a guiding framework for contemporary research and practice (Sarafino, 2006; Taylor, 1990). Despite the widespread agreement on this model, the integration of these three levels of understanding of human behaviour is still limited and research is largely conducted from a "psychosomatic" framework (Ghaemi, 2009; McLaren, 2002; Pilgrim, 2002).

Most mental health practitioners who participated in this study agreed that the current mental health care system is Westernized, where individuals and their biology is the focus of the treatment. In this system, mental illness is understood as the interruption in the physiological processes caused by chemical factors. The way of understanding health, illness, and treatment

from a Western point of view mainly depends on a biomedical model of understanding and does not give appropriate attention to the cultural aspect or to how mental health illness is understood or dealt with in other cultures. Rosa said:

I think that most patients, when they get to see doctors, they... they understood by the only.... like, by -- they mostly have their illness seen by the biological lenses. There is very little understanding in terms of culture, right? [How it might] be influencing how that presentation, or, you know, their understanding about their struggles, their challenges.

Dana stated that, even though the current Westernized model of understanding mental illness is a biopsychosocial model, when it comes to clinical settings, mental illness is mainly explained and dealt with from a biological perspective. She said:

We do have a biopsychosocial model of understanding, but, you know, it's strongly biological. We think about the mental disorder from [a] biological perspective, and most of the time this is not really what our patients think.

Safeer also agreed that, "Psychologist[s] and psychiatrist[s] are trained in a very one, like -- like, what is mental illness in the perspective that [is] always biological." He believes that there is a need to look at mental illness from a "cross-cultural perspective and multicultural perspective."

In order to deal effectively with refugees there is a need for more awareness about believes and practices around health and illnesses in general and mental health illnesses in particular. Dorothy said, "I think maybe in the social work program nursing program they need to be more... a course or something of understanding." Dana also agreed that there is a need for more awareness and knowledge around other people cultural expectations and believes in order to better serve them. She said:

I think that the mental health professionals like experts in PTSD and trauma dealing with refugees would need to be educated of the culture of what that person understand as their illness or what's going on for them so you can educate them and provide them with proper resources.

Understanding the context from where refugees come will help practitioners deal with patients more effectively. Dana notes:

...if there is specific countries that you are dealing with, you know, just understanding some basic things. Religion and language and mmm politics and up to date things, current

events they are going on, to [help you] put things into context for you, so you can understand the severity of the situation would help.

From her perspective, engaging refugees in the treatment plan might have a positive effect on their mental health she continued:

I guess going from the person themselves, they say most important to them and how they define themselves and understand how they see if it is an illness affecting them and what they think can be done.

Even though it has been claimed that the current mental health system focuses on different aspects to understanding mental illness, participants stated that most of the focus is placed on the biological aspect. Mental health professionals should be better trained in order to more effectively treat refugees with mental health issues.

e) Spirituality and Religion in the Counselling Context

The majority of people from diverse cultures around the world believe in some kind of “higher power” or faith system (Baetz, Larson, Marcoux, Ruzica & Bowen, 2002; Noss, 2003), especially during times of experienced illness (Baetz, Bowen, Jones & Koru-Sengul, 2006; Koenig, 2008; Krause, 2006). Spirituality and religion plays an important role in understanding and dealing with illness in general, and mental illness in particular. In the context of this study, most refugee participants disclosed that they believe that there is a higher power that controls and affects their lives. They tend to use religion and prayer as their main approach to dealing with the struggles they experience. Using spirituality as a way to deal with difficulties is not exclusive to a specific group or specific religion; participants from different religious affiliations (Muslim Sunni, Muslim Shi’ite and Christian) have asserted that spirituality and religion are the main method they use to deal with difficulties. For example, Sarah who is Muslim Sunni, asserted that the first thing she usually does when she feels depressed or faces any trouble is:

Pray. [*Chuckles*] There is nothing I can do, so I pray and ask God to help me because I believe that if anyone asks God for anything, he will give it to him or to her. I believe that God will help me, and there are many incidents where I was in a very tough situation and God helped me, but I have to be patient. You have to be patient.

Feda, a Muslim Shi’ite, also uses religion; she prays and reads the Holy Book as a way to deal with her problems and stressors. She believes that this method helps her to relax and sometimes helps her to find solutions for her problems by giving her signs in her dreams. She disclosed that:

When I feel stressed, I go to God. I ask God to help me. Every night before I sleep I talk to God. I tell him that this and this happened to me and, thank God, every time he listens to me and helps me. I told him there is no one that can help me, so please help me.

Sometimes I sit on the praying carpet for, like, hours. I pray and read the Qur'an. I feel relaxed after praying and sometimes I see signs in my dreams telling me what to do.

Maysa, who is Christian, believes that God is there all the time to help her, and this has made her not afraid of the future. When she faces any difficulties, she remembers:

How much God helped me and didn't leave me...didn't leave me ever. Every day I believe more and more that God is with me. I feel that I am not afraid about tomorrow, not afraid. I don't know why, but whatever will come will not be more difficult than what I have been through already. What I have experienced was very difficult, but God gave me the strength to face that.

As a result of being exposed to war trauma, trusting others can become a challenge. A person might feel distrustful of people, and this often happens where there has been interpersonal trauma, as is often the case with war trauma. As a result of this lack of trust, the person might avoid dealing with others and they may use religion and spirituality as a way to cope and deal with their problems. Noor disclosed that she does not trust any of her family or friends, so she does not pursue their assistance. She states that, when she feels stressed, she "sits at home and cries. To whom will I go? I can't... I complain to God. I don't have anyone that I can trust. I don't trust anyone." This way of dealing with stressors allows the person to believe that there is a higher power controlling their life and there is a reason for whatever is happening, either good or bad. She continues:

I feel that I was successful in getting past all of these problems. I was always sitting on the praying carpet and reading in the Holy Qur'an and asking God to help me. I always tell God that I don't have anyone except him to help me. And yeah, God never left me. I believe that God was the thing that released me from all of that.

David asserted from his experiences in dealing with different types of clients that, "Religion has a big and important role, and probably, like... I just think it probably influence[d] their [refugees] ideas in their culture."

Based on the analysis of the interviews, the significant role that spirituality and religion play in people's lives has been neglected in the dominant Western mental health approach.

Safeer argued that the existing mental health model does not give appropriate attention to this aspect when working with refugees in a mental health setting. He thinks that, “It’s much more likely that you are not getting the help that you need, that you are not getting that mental health support. And spirituality and religion is a big part too.” Rosa confirmed the need to consider religion and spirituality when dealing with refugee clients. She thinks this component has been neglected. She added:

People who come from different cultures where, you know -- where religion is more important [than] any other thing, that, kind of, [is] explanation as well. You know, the biology is not the only frame of the illness, and, like, we need to be open to understand the patients’ perspective on that.

Even though spirituality plays a big role in people’s lives and in how they manage their struggles, it is not included in a Western approach to treating refugees with mental illness. Most practitioners believe that the current procedures to deal with patients are generalized to everyone, regardless of their background or previous experiences. Safeer states that mental health practitioners usually ask all patients their standardized questions, regardless of their background. He said:

There is faith. Their belief system or maybe there is some sort of cultural bringing...that they have coping strategies that refugees use to cope with their difficulties, and psychologists or psychiatrists don’t see that maybe. They [psychologists and psychiatrists] have standardized questions they are asking and they have a very one perspective and one view of things, so I think it needs to... needs to work on and be prepared.

Dana shared some of her experiences where she thought that the impact of religion and spirituality was significant in refugees’ lives, but she was not able to explore that or to utilize the power and the effect of their spiritual beliefs in the treatment process because she is not trained to do so, and it is not something that they investigate in the treatment sessions. She stated:

Mmm, I am sure the religion... has a big important role. And probably, like, even though I didn’t explore it, [it] probably influence[d] their [refugee clients] ideas about their illness and needing help and the medications, you know? I just think it probably influence[d] their ideas in their culture, not saying it’s a bad thing or a good thing, but just to have -- just, like, my understanding is limited. So I wouldn’t know what [it is]

contributing or not contributing to their ideas about things.

Since the existing mental health practice ignores a spiritual and religious component, refugees do not seek help from existing mental health services. Refugees do not believe that the existing mental health services can help resolve their problems or treat their illness, and, as a result of that, they tend to find alternative avenues of help and support. In many cases, they use the methods that they were using back home to deal with their problems and illness, and this often takes the form of seeking out religious figures in their community or other community members they might trust. Colleen shared one of her experiences with a refugee woman who was in need of mental health support. She said:

I tried to connect her with a family doctor. In fact, someone who spoke her language and at the end of the day... but she is a very Catholic group, so she went to her pastor here. She has been here for a year, but the pastor is, like, the person that she trusts and she has confidence in him.

Dana believes that:

They [refugees] are just ...they do what they did from home, so they go to their community for support. They go for Imam, whoever is in their community, their church, or wherever, and trying [to] get supports from there. Like I said, when I -- when I am working with people, mmm it's -- it's, you know, kind of they pass, mm, I just want [to] talk to a friend and figure this out.

There is a need for a holistic approach in dealing with a refugee's traumatic experiences, rather than just treating them from a biological perspective. The holistic approach should include spirituality and religion as an important component that refugee clients might use to cope and deal with their illness. Colleen thinks, "It's [mental health treatment] more complicated. Requires, I think, more of a holistic approach to help, which include the mental and the spiritual and the emotional."

To conclude, the existing mental health model is Westernized and is designed based on the biological explanation of illness. Mental health practitioners deal with and treat mental health disorders from a biomedical perspective and overlook the spirituality, as well as the role religion can play in the healing process. As a result of that, refugees tend to find other methods to deal with their struggles. There is a need for a more holistic approach that includes different aspects when dealing with refugee clients from different cultures.

The Appropriateness of the Existing Mental Health Services

Taking into account all the difficulties and challenges that refugees face during different stages of their migration journey and the effects that these difficulties have on their mental health, and considering all the gaps in the existing mental health system, most settlement workers and mental health professionals that participated in this study agreed that the existing mental health system is not ready to serve refugees, and the current mental health services do not correspond to their needs either in terms of the quality or the quantity of the offered mental health services. As a consequence of that, refugees tend not to use the existing services and try to find other methods for dealing with their mental health difficulties such as social support and spirituality.

In terms of the quality of the services provided to refugees, settlement workers and mental health care providers revealed that there are no specific services provided to refugees that take their previous traumatic experiences and the cultural differences into account. Baha' disclosed that, "When someone come[s] here from different countries, there is no jobs and, like, it's, kind of, survival mode and there is a lot of frustration. They are out from their immediate family, from their parents and all." He continued, "We don't find a place, like, where they can get help, where they can go."

The interviews revealed that there is a need to deal with the mental health needs and challenges that refugees face as a result of being exposed to trauma. Current services provided to refugees focus on the settlement side and basic needs, but there are no specific services that are provided to deal with their mental health challenges. Rosa believes, "We don't have any very specific services for refugees, to be honest, and I think there is [a] gap definitely in the mental health system for whom to see these patients." David also confirmed that there are no specific services designed for refugees that take into account their cultural differences in their perception of health and illness, and also their previous traumatic experiences. He stated:

Mmm, I don't think that there are some specific services which are -- [correspond] to the need of the refugees. If we think about refugees, there isn't, like, any specific delineation, like, of whenever, like, they come for seeking help. Like, well you are a refugee, you should be treated differently. I think they will be treated the same way, like every other person will be treated.

Kamelea also confirmed that if a refugee client arrives in her clinic, there is no specific or special

approach to deal with them. She uses the same method that she usually uses with other patients. She stated:

Basically what we have, like, in Saskatoon, mmm, there aren't, like, any specific services designed for them [refugees]. So usually if someone presents with any mental health issues to us, so we will do, like, referrals according, like, to what other services or programs are available just to make it clear. So just we will present them or offer them the same services which are offered to, mmm, the rest of the population. Now, how much that sensitive – like, culturally sensitive still I think, mmm, I don't think that they are culturally sensitive in that way.

Using the same procedures and methods she uses to deal with other populations regardless of their cultural background and their previous experiences was one of the challenges/gaps in current services that was mentioned by mental health professionals. Kamelea declared:

You know, there have been situations where I have seen patients that are immigrants or that come as refugees to the country, but that not necessarily impacted the way that we have treated them. We have not been able to provide them with multiple different resources or anything that is different than our general population.

Dana agreed that:

The services we have, we, kind of, generalize them to everybody, whether immigrant or refugee or someone has suffered trauma in Canada, whether it's due to child abuse or an accident or something that everyone, kind of, gets. The brown bag [is the one] that's applied to everybody and it's not very specific.

Dana confirmed that there are no services that are:

...specific for refugees and immigrants, but I am sure there is probably research in the area that maybe certain things would help. I'm not sure [what] Saskatoon or Saskatchewan has to offer. I am sure there is an area of need there.

Not having the appropriate mental health services that correspond to refugee needs, as well as the lack of qualified professionals, has prompted most of the settlement workers and mental health care providers who participated in this study to agree that the current mental health system is not ready to serve refugees who have been exposed to different traumatic events. Baha' said, "To be honest, I don't think so. [The mental health sector] is not ready. Yeah." He continued, "Mmm, I don't think that there are some specific services which are -- correspond to the needs of the

refugees.” Ameen agreed that, “The system is not ready.” David also confirmed that there are more refugees and immigrants who are coming to Saskatoon, but the system and services are not changing to accommodate the flow of the newcomers. He said:

I would say over the last seven or eight years, many more immigrants are coming here, like, to this place. So I think that it’s still, mmm, an area, like, where a specific structure [of] services haven’t [been] put into place.

Dealing with clients from different cultures imposes the need for more sensitive approaches that acknowledge differences. From the point view of Baha’, there is a gap in the current system. He stated, “You can’t have a cookie-cutter approach to apply the same what we have for the Canadian and the same for refugees.... so I think, again, gaps in terms of developing the program how to deliver that, how to model that.”

To conclude, people from different cultures have different beliefs and practices about mental health and mental illness. While in Western cultures, people are expected to seek help for their behavioural and mental challenges, it is not the same in other cultures where mental illness is not acknowledged, and where disclosing mental illness is seen as breaching the family’s privacy. These differences could be one of the reasons that many refugees do not seek mental health support. Canada is a multicultural country that hosts people from different places around the world, and mental health practices must be more sensitive to these differences. Additionally, it is important to bring more awareness to mental illness and the supports available to people suffering from mental illness. The existing mental health model is westernized and is designed based on biological explanations of health and illness. Even though spirituality has an important role in the healing process in some cultures, it is overlooked and ignored in the current treatment system.

The existing mental health system is not ready and not appropriate to serve refugees, who face special types of war trauma. There is a need for a more holistic approach that includes different aspects when dealing with refugee clients from different cultures and who have experienced different traumatic events.

Summary

There are many gaps in the existing mental health system that, in turn, limit refugee utilization of mental health services. One gap is not having an initial mental health assessment of refugees once they arrive in order to make sure that there is no need for urgent support. Even

though most refugees are coming from war-torn countries and have experienced many traumatic events, the interviews revealed that there is no official mental health assessment that is done for newly arrived refugees once they enter the country to make sure that they will be receiving the appropriate mental health support. Another gap is the lack of connection between settlement agencies and between settlement agencies and the health region. This lack of connection makes it difficult to provide refugees with the needed and appropriate services. Settlement workers tend to use their personal relationships to refer clients, which makes it difficult for the settlement workers to make appropriate referrals, and it also creates a difficulty for refugees to get the required services in a timely fashion. Difficulties navigating the system where the client does not know where to go and who to ask when they need help has been also reported as a gap in the existing health system. Difficulties accessing mental health services because of living in rural areas and a lack of professionals causing long waiting lists are some of the gaps in the current mental health system that illustrate how it is not ready to serve refugees who need mental health support.

In addition to the difficulties that refugees might encounter when they try to access the existing mental health services, a lack of training among settlement workers on how to deal with refugees in difficult situations and a lack of training and experience for the mental health professionals poses a huge challenge on both sides. Settlement workers revealed that there is lack of training on how to handle difficult situations when they deal with refugees who are having mental health issues. Mental health professional also stated they did not have a lot of training or experience dealing with refugees and clients who come from different cultures.

There is also a lack of training among settlement workers on how to deal with the stressors and the secondary trauma that they might have as a result of dealing with refugees. The need for special training for the settlement workers about how to take care of themselves and how to deal with the stressors that happen as a result of dealing with war refugees was one issue that settlement workers expressed a need for.

The stigma around mental illness and the list of priorities and language difficulties are other factors that affect whether a refugee will seek help. Once refugees arrive in Canada, there are many things that they usually worry about such as housing, children, education, food, and their adjustment. Their mental health is not one of their priorities and, in most cases, they tend to avoid dealing with it unless the situation is urgent and requires immediate intervention. A lack of

awareness around the services provided to refugees in general and the mental health services in particular among the refugee population and among service providers are some of the reasons behind refugee underutilization of mental health services. Language difficulties and the issues surrounding using interpreters are another barrier.

There are cultural differences in beliefs and practices around mental health and mental health illness. There is also lack of awareness around mental health illness that refugees might suffer from, where the person might not seek help until the situation becomes severe and where intervention is too late. The existing mental health model is westernized and is designed based on biological explanations of health and illness. Even though spirituality has an important role in the healing process in some cultures, it is overlooked and ignored in the current treatment system.

The existing mental health system is not ready to serve refugees, who experienced different types of war trauma. There is a need for a more holistic approach that includes different aspects when dealing with refugee clients from different cultures and who have experienced varied traumatic events.

CHAPTER 7

Analysis and Discussion

In this chapter I will discuss the themes that have been presented in the previous two chapters. This chapter will be divided into two sections. The first section will discuss the difficulties that refugees face during different migration stages and how that affects mental health, and the second section will discuss the appropriateness of the existing mental health services provided to refugees and the readiness of the current mental health system to meet refugee needs.

Section I

The Impact of War Trauma and Forced Displacement on Refugees Mental Health

The themes discussed in chapter five reflect many of the difficulties and challenges Iraqi refugees experience during their migration journey. The interviews show that forced displacement has meant that participants have been through a series of periods of change, which include leaving the home country, the move to the transition country, the move to Canada, and a period of adaptation in their new home. How forced displacement affects the mental health of refugees can be looked at from the perspective of the difficulties and struggles experienced by the refugees during their life in wartime Iraq, after fleeing to the transition country, and finally arriving in Canada. In this chapter, using the interpretive phenomenological approach, I will analyze and discuss the significance that these challenges in different migration stages have had in the study participants' lives and how these challenges affect their mental health and well-being. The relationship between different themes and how they affect each other and participants' mental health will also be reviewed in relation to the relevant literature on the subject.

It is important to note that my main intention of this research was not to conduct psychological assessments or mental health evaluations of the participants. In examining the impact of war trauma and forced displacement on refugees' mental health, I relied mainly on my personal observations during the interviews of the refugee participants, and what was disclosed to me by the refugees, settlement workers, and mental health care providers.

War Trauma, Loss, and Grief

Traumatic experiences, losses, and grief caused by war trauma were the central themes that participants noted as significantly affecting their lives. Participants shared with me some of the traumatic events they experienced in their home country, as well as many of the stressors and challenges they have experienced or are still experiencing due to the trauma or their settlement process. In the pre-migration stage, participants' main memories were of traumatic experiences, which included either direct exposure to threat of death (such as in the case of Zaid, Noor, Dalal, and Asma), or witnessing the death or injury of other people, including family members (Marwan, Dalal, Zaid, and Wasef), friends (Marwan, Zaid, Noor, Sarah, Feda, and Dalal), or strangers (Sarah, Noor, Maysa, Marwan, Zaid, Wasef, and Dalal).

Expecting death at any moment and being prepared for death was another theme participants brought up that relates directly to war trauma. Living in the midst of war means one must be alert and always prepared for the worst. Due to the increasing violence, participants had to struggle with an increased and persistent concern for the welfare of themselves and their families. Therefore, their physical and emotional wellbeing were affected by their increased anxiety, fear, and mistrust. Most participants in this study disclosed that, during their life in Iraq, they experienced endless fear and horror due to the war. For example, participants had constant fear for their family members each time they left home. They could not be confident that they would return home safely at the end of the day without being physically harmed, kidnapped, or at the very least, witnessing violence (e.g., Sarah, Wasef, and Noor). They revealed that they were expecting their own and their family members' death at any moment. They described how they felt each time the shelling started and how they would lose their connection to reality (Dalal and Noor), and how they sometimes wished to die so that the wait would be over or because death would eliminate the feelings of guilt they experienced because of failing to protect their loved ones during the attack. They might also feel guilt if a loved one died while they were given the chance to live.

It is noteworthy here to be aware and to acknowledge refugee resiliency and flexibility for dealing and coping with trauma. When we talk about trauma, we should not immediately assume that all refugees have serious mental illness. At the same time, we should be aware of the negative and unavoidable effects that trauma can have on mental health and not assume (without a proper assessment) that refugees can cope and adjust.

All participants in this study shared the multiple losses they have experienced during their life in Iraq because of war and forced displacement. The strong presentation of feelings of loss and grief in different migration stages of all participant narratives revealed how loss and grief negatively affected refugees' lives. Losing family members, close friends, social status, property, and belongings were some of many losses that participants experienced. Many of the participants shared how losing a loved one had a devastating effect on their lives, and the effect is ongoing. They described how traumatized they were because of their losses and the grief and pain that they are still experiencing each time they remember their losses. Dalal, for example, tearfully described the loss of her husband and how, after more than 20 years, she still cannot forget the scene of his body. She stated clearly that, every time she remembers her husband, mixed feelings of pain and guilt emerge because of her loss. What added to her pain is that she was not given the chance to bury his body. Sarah also described the pain of having to leave her home and belongings behind. She described how she took the risk to visit her home because she wanted to reconnect with the memories attached to her belongings and hoping that she would someday be able to return to her home.

Studies demonstrate that those who experience multiple losses have longer and greater damaging periods (Mercer & Evans, 2006). For refugees, their multiple losses affect all aspects of their lives (McLellan, 2015). Many researchers note the relationship of complicated grief to mental health and wellbeing, and the significant negative effect of complicated grief in refugee resettlement is evident in all aspects of their adaptive and integrative processes (Craig, Sossou, Schnak, & Essex, 2008; Currier, Holland, & Neimeyer, 2006; Parkes, 2005). Parkes (2005), for example, demonstrates that complicated grief has been recognized as causing depressive symptoms with clear stressful signs such as unwanted memories, severe emotional responses, distressing yearnings, signs of social avoidance and isolation, and failure to adapt.

The negative effects of war trauma and other traumatic-related experiences have been well-documented in the literature. Many studies recognize the effects of different types and length of traumatic events, along with all other difficulties as mentioned above. As a result of these traumatic events, studies indicate that refugees are a vulnerable population at risk for negative mental and physical health consequences (Keyes & Kane, 2004). As Neria and Litz (2004) stated, the complex relationship between trauma and grief often results in posttraumatic stress disorder (PTSD), major depressive episodes, schizophrenia, psychotic reactions, substance

abuse, and suicide.

Findings from the present study supported the above findings of the negative effect of war trauma and forced displacement on refugee mental and physical health. During the recruitment process I was careful not to recruit refugees who have been diagnosed with PTSD or other mental disorders or who expressed severe emotional distress; my main reason for this was not to put participants under risk of reactivating previous trauma or mental health and emotional distress during the course of the study, and even with this procedure many participants, either directly or indirectly (body language, their description of some symptoms) indicated that they are experiencing symptoms of emotional and psychological anguish that negatively affect their daily life. Marwan, Asma, Sarah, Zaid, Feda, and Noor disclosed that they are living with various symptoms that affect their lives. The symptoms they describe are indicative of depression, anxiety, psychosomatic disorders, and PTSD. Marwan and Zaid, for example, stated that they need mental health support, even though they were careful not to disclose that directly to me. Sarah, Noor, and Fawzeyah also described some depression-like symptoms. Noor disclosed clearly that she and her two sons are in urgent need of mental health support, and she discussed symptoms that her sons are experiencing that sound like they could be related to PTSD. Asma also described many symptoms that might be related to PTSD.

Forced Displacement and the Refugee Identity

Before the collapse of Hussein's regime, most participants revealed that life in Iraq was easy. Even though it is known that Hussein's regime was oppressive with some groups being executed because of their ethnicity (e.g., Kurds), some participants still believed that they were encouraged to live with each other peacefully and to tolerate other people's religious or ethnic background. At the beginning of each interview, most participants identified themselves as Iraqi when introducing themselves, regardless of their religious affiliation. While Marwan, Zaid, and Sarah are Muslim, Sunni, Feda, Noor, Fawzeyah, and Asma are Muslim Shi'ite, and Maysa and Wasef are Christians. Most participants (e.g. Maysa, Wasef, Sarah, Dalal, and Noor) spoke of having many friends and even mixed marriages with people from other religious backgrounds. They all stated feeling safe within a community of people from different religious beliefs where all were cooperating as one for the common good.

However, after the collapse of Hussein's regime, conflicts arose between different religious sects, and all those who had lived together under one common goal now were at odds.

Therefore, during and after the war, identifying as Iraqi came to mean something different, and people more often introduced themselves by what faith they belong to. This led to changes in social interactions, where unexpectedly friends became enemies (Keyes & Kane, 2004). Most participants revealed that their religious affiliation was the main reason that they were forced to leave Iraq. All of them were first internally displaced, and then were forced to leave to one of the neighbouring countries (mainly, Syria, Turkey, and Jordan) after receiving threats. Being Sunni, Shi'ite, or Christian did not reduce the risk of being kidnapped or killed. Militias from different religious affiliations emerged and started to fight over authority and natural resources.

Participants discussed their experience of not belonging and feeling unwelcome and not accepted by other sects after the start of the war, and the consequences of no longer belonging in Iraq. This issue becomes even more complicated for Iraqis who had intermarried. Whereas intermarrying before the war was something normal and accepted as a way for all citizens of Iraqi to belong to the greater whole, after the war, intermarrying was swiftly viewed as an act of disloyalty (Keyes & Kane, 2004). People who had intermarried were suddenly penalized and considered to have mixed blood, such as in the case of Noor who is Muslim Shi'ite and married a Sunni, and Sarah who is Sunni and married a Shi'ite. Some of the participants reported being attacked several times by people from various religious sects. This interruption of their sense of belonging creates loss of trust and loss of confidence in other people, and leads them to live in a continuous state of fear and panic. This conflict causes refugees to feel like outsiders in their own country and results in a loss of a sense of belonging.

The Effect of War and Trauma on the Emergence of Family and Domestic Violence

In addition to war and its traumas, women are affected also by domestic violence. Violence against women is a major public health and human rights concern (Feseha, Mariam & Gerbaba, 2012). With intimate partner violence among the most pervasive forms of violence against women, wife-beating is considered one of the most widespread forms of domestic violence and is a major cause of disability and death in many countries (Feseha et al., 2012).

In the course of this study, family and domestic violence was one of the themes that emerged during the pre- and post-migration stages. Four out of seven females who participated in this study disclosed that they had experienced family and domestic violence in their life in Iraq. Domestic violence was experienced emotionally, physically, and sexually. Maysa, Asma, and Noor stated that they experienced physical and emotional violence. Fawzeyah is the only

participant who disclosed having experienced sexual abuse by a family member, in addition to emotional and physical abuse by her husband. Even though the previous research indicates that the most common abuser is the husband or intimate partner (Feseha et al., 2012), the violence that participants in this study experienced was not only perpetrated by husbands. The abuser, in some cases, was the partner (Noor, Maysa, Fawzeyah), the parents (such as in the case of Noor), the father- and mother-in-law (Noor, Asma, Fawzeyah), or other family members (Fawzeyah).

There are different ways that we could explain the emergence of domestic violence. Firstly, domestic violence can emerge as a result of living in a violent environment, like war, where killing and shelling is a common experience. Noor stated that her father was a soldier in the army and he would continue his work of torturing and persecuting prisoners in his home life. Fawzeyah also revealed that her husband did not abuse her until he was arrested and underwent torture in prison. This explanation is consistent with previous literature that states persistent exposure to violence makes people highly sensitive to violence, and often produces a violent overreaction to situations that could be resolved with less conflict (Cottam, 2007). The more accustomed people are to resolving conflicts with violence, the more legitimized it becomes, and the less likely they are to use non-violent conflict resolution (Cottam, 2007). These violent reactions happen largely because of the availability of weapons and the humiliation that male family members have experienced (Haider, 2009). Continuously living in an insecure and violent environment, along with the emotional damage resulting from witnessing or participating in violent actions, increases the use of violence throughout communities and generations (Cottam, 2007).

Another explanation for domestic violence is the role that cultural values and norms play in legitimizing this type of behaviour. In developing countries, the family is viewed as an important unit of society whose harmony and status should be maintained, sometimes at the cost of the wellbeing of individual members (Douki, Nacef, Belhadj, Bousaker & Ghachem, 2004). Also, patriarchal family models are common, and patriarchal gender relations are encouraged by traditional cultural and legal legacies (Campbell, 2002; Krug, Mercy, Dahlberg & Zwi, 2002). The original triggers of domestic violence in these societies are widely understood as a result of a misuse of power and power inequalities between men and women. Women might suffer violence because they are perceived as having less power in their relationships and a lower status in society (Tappis, Biermann, Glass, Tileva, & Doocy, 2012). In this context, violence by the

husband or other men in the family is acceptable to many, and women are considered partially responsible for the abuse they undergo, especially if the violence is perceived as punishment for a behaviour that is considered unacceptable (Boy, 2008). Being physically and psychologically abused is something that is, at times, accepted among women, men, and the surrounding community, and seen as one of the rights that men enjoy. Often, women are blamed for this violence, as in the case of Fawzeyah who was blamed for the sexual abuse that she suffered at the hands of one of her family members; she was punished and banished from the family environment as if she was the offender and not the victim. This violence is usually increased and exacerbated by the continuous exclusion of women from the public arena where gender-based discrimination is supported and increases vulnerability to violence (Krug et al., 2002). Most of the time domestic violence remains hidden because it is considered to be a private, and legitimate, family issue (Douki et al., 2004).

The third explanation is the economic hardship as a result of war. The economic situation in Iraq has been negatively impacted by the long history of war and years of sanctions. Before the start of the war, Iraq was one of the wealthiest Arab countries (Ishsanglu, 2007). Living for years under sanctions has affected its economic situation severely. The situation worsened after the collapse of Hussein's regime. Employment and educational opportunities decreased for men and women, which made it increasingly difficult for them to support themselves and their families (Nydell, 2006). Work opportunities are still very limited, salaries are very low, and people have to work for long hours to secure basic needs. As a result of the economic hardship, in addition to being concerned about other people's safety, feelings such as powerlessness and frustration can emerge, and that might play a significant role in perpetuating violent behaviour against wives or other family members. Those family members might tolerate the violence as a way of supporting the husband in the difficult situations.

Another trigger of domestic violence that results from economic hardship is changing gender roles within the family. Men are typically the primary income providers in Iraqi families; husbands often work outside the home, while women typically care for the family and do the household chores, cooking, and cleaning (Ghareeb et al., 2008; Maloof & Ross-Sheriff, 2003). As a result of economic hardship, women might be forced to find work outside of the home to help their families to survive in addition to doing their traditional responsibilities inside the

house. This disruption in social roles can cause more frustration for men, who might use violence to emphasize and validate their authority and superiority over the women in their family.

As consequences of violence, a wide range of negative health outcomes and even death have been recognized (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2005). Women who have been sexually and/or physically abused by intimate partners have a 50% to 70% higher risk for developing gynecological, central nervous system, and stress-related problems (Vecchio, Bhatia, & Sciallo, 1998), a situation evidenced by the mental and physical health concerns of Asma, Noor, and Fawzeyah. Fawzeyah expressed severe emotional distress when talking about her previous relationship and revealed that getting married again is not something that she would consider. Noor and Asma suffer from critical heart diseases in addition to expressing PTSD and depression-like symptoms.

In sum, traumatic experiences, loss and grief, disruption in their identities, domestic violence, and economic hardship were central themes in refugee participants' lives in Iraq. The negative effects of these challenges on refugee mental health and wellbeing are documented in the literature. As a result of these challenges, participants flee Iraq looking for a better life. Escaping Iraq to one of the neighbouring countries does not mean that all the challenges are over and refugees are now safe. Refugees still face many difficulties. In the next section, I will discuss the challenges that Iraqi refugees faced in the transition countries and the effects these challenges had on their lives.

The Effect of Transition-Stage Difficulties on Refugee Mental Health

Even though in the transition country most refugees felt they and their families were physically safe and secure, not all participants expressed such feelings. Asma, Wasef, Sarah, and Marwan's wife witnessed the start of a new war in the transition country and continued to be worried for their family's safety. While Wasef, Sarah, and Marwan's wife waited to move until they had been granted refugee status in Canada, Asma was kidnapped in the transition country along with her daughter and then decided to flee to another neighbouring country before the UN had granted her refugee status.

Being separated from family members was also one of the stressors that participants disclosed. While Wasef, Sarah, Maysa, and Feda managed to escape Iraq along with their immediate family members, Marwan, Zaid, Asma, Noor, and Dalal were separated from their families during the process of fleeing. This separation and being constantly worried about their

family members' safety had a devastating effect on their mental health and well-being. Most participants felt isolated from their social support, accompanied by fear and uncertainty about their own future and the outlook for their family members back in Iraq. Stress and strain was exacerbated by long wait times for receiving responses about applications and uncertainty about the future. This caused them live in a situation of temporality, where the future is vague and planning for their lives seems difficult.

Economic and financial hardship continued to have negative effects. Participants of this study mainly stated that not being allowed to work and having difficulties securing their own and their family's basic needs was a significant challenge and stressor they experienced in the transition country while waiting for their refugee applications to be approved. Participants disclosed that they were mainly relying on help from the UN, which provided them with barely enough to live on. The economic hardship and restrictions around their work permits put the refugees under the pressure of accepting any work opportunity, even if they were getting minimum wage or sometimes even less than the legal minimum. Knowing that they were not allowed to work made them vulnerable to abuse by employers and other citizens who perceived them as second-class citizens (such as in the case of Zaid, Marwan, and Wasef).

Even though participants in the transition countries experienced enormous economic challenges, being abused and less valued, and being constantly worried about their own and their family's safety back home, most participants stated that they would return to the transition country again if they were given the opportunity to do so. It is not surprising that many of the refugees discussed returning to the transition countries. These countries were often places that border with Iraq and have similar language and cultural environments. Also, knowing that these transition countries border Iraq meant that participants felt physically and psychologically close to their families, and could still go for a quick visit when needed as in the case of Marwan and Zaid who travelled many times to Iraq to visit their families. Since coming to Canada, visiting family that is still living in Iraq is not something easy to accomplish.

The Effect of the Post-Migration Stage on Refugee Mental Health

Adding to the other stressors that refugees experienced in Iraq and in the transition countries, refugee participants experienced many difficulties and challenges in the host country. Racism and discrimination, loss of status, identity confusion, language difficulties, economic hardship, concern for separated or lost family members, guilt, isolation, and many other factors

added to the stress that refugees experienced.

Arriving in Canada is considered the refugee's final stage. Iraqi refugees escape threat and persecution, having no idea what the future will hold for them or where they will end up. Some who have been granted refugee status in Canada do not know where Canada is or what life looks like there. Moreover, the process of refugee placement is politically and economically managed. Once a refugee's application has been accepted to resettle in Canada, refugees are not given the opportunity to choose where to resettle. Unless they have family members already in one of the cities, refugees are usually randomly located in cities that have open spots in which to host them.

Once refugees resettle in their new homeland, they initially experience a sense of safety, security, and relief because they are no longer in immediate threat of danger and their basic survival needs are now being met (Beiser & Hou, 2001). Nevertheless, in this phase difficulties take another shape; refugees now have to deal with numerous, sometimes unexpected, challenges. While they feel safe and secure, other stressors are reported. Participants of this study shared some of the difficulties they have faced or they are still facing since their arrival in Canada. Issues such as having high expectations about life in Canada, not knowing their rights and privileges (in turn making them more vulnerable to abuse by employers, teachers, and sometimes even the settlement workers themselves), discrimination and racism either in the workplace, schools, or other public places, and difficulties entering the workforce are some of the many other challenges participants face. Below I will discuss some of these challenges and the effects they had on refugee mental health.

The Effect of Refugees' High Expectations and Un/underemployment on their Mental Health

Refugees arrive in Canada having very high expectations about the quality of life. Refugee expectations are primarily found in two areas: they believe that they will easily find jobs regardless of their education or language proficiency, and that they will have good financial success and a high standard of living with this expected employment. The main source of these high expectations is the media in the Middle East, which portrays Western countries as ideal, where life is easy, in addition to the information provided from the surrounding community where people believe that life in the West is easy and stress-free, especially for women and children. This is reflected by Dalal, who was told by people in the transition country that,

because she is a single mother, she would not need to work and that the Canadian government would provide her with everything she would need.

Once they arrive, refugees find themselves needing to compete with others for employment, but with no or low language proficiency, low education, and sometimes critical health issues. They are more likely to be unemployed compared to native citizens (Galarneau & Morissette, 2004). Previous studies revealed that unemployment can pose a mental health threat in three different ways: it leads to poverty, giving less opportunity to acquire education and to access quality health care. Unemployment is a frustrating experience that has the possibility to lead to more mental health problems; and it leads to unhealthy coping strategies such as drinking, gambling, smoking (e.g. Asma), or drug abuse (Short & Johnston, 1997; Reitmanova & Gustafson, 2009a; George, Thomson, Chaze, & Guruge, 2015). Most participants (e.g., Asma, Wasef, Zaid, Fawzeyah, Sarah, Marwan, and Noor) stated that, once they realized the reality of life in Canada, they became frustrated, stressed and worried about their and their children's futures and if they will continue to be able to secure their families' basic needs. They described feelings such as frustration, anger, and irritation once they realized that finding a job and earning money is not easy as they thought.

These feelings make it difficult for refugees to accept reality and to settle in, and also create challenges for settlement workers when dealing with them. This situation is even more challenging for single mothers (e.g., Noor, Dalal, Asma, and Maysa) who used to have help and support from husbands, relatives, and family members, but they suddenly find themselves in a new place and new culture, solely responsible for their children, and facing the extra challenges of little or no formal education, low or no English language proficiency, no work experience, and no social support. Asma, for example, was very concerned about her and her daughter's life and how they will survive; she became very frustrated as a result of all the worry. She escaped from war and persecution looking for a better life, but having critical health issues, no education, no language proficiency and no work skills has prevented her from thriving in her new situation.

Another issue experienced by some of the participants is being underemployed. It is important when we deal with refugees' issues to take into account that there is a very important difference between refugees and immigrants. While immigrants often leave their countries looking for better economic lives for themselves and their children, refugees mainly flee under threat of physical harm or death. Some of the study participants stated that their economic

situation back home was very good compared to their status in Canada; given the choice, they would have stayed in Iraq had there been no war. For these participants, a sense of shock, sorrow, and grief about the loss of their social and economic status arises (e.g., Sarah, Wasef and Feda).

Referring to a CIC (2004) report, one-quarter of recent refugees with a university degree who were employed in Canada in the 1990s had a job requiring no more than a high school education, twice the rate among Canadian-born university-educated workers. Those having such jobs were more likely to be visible minorities and to earn at least 20% less than Canadians working in the same position. None of this was what Iraqi refugees expected of life in Canada. Most of them expected to work, to support themselves, and to quickly reestablish the independence and productiveness of their families (Simich et al., 2006). Not having their international qualifications and skills recognized is a barrier to the employment of immigrants in general, and refugees in particular, in Canada (Jafari, Baharlou, & Mathias, 2010; Tang, Oatley, & Toner, 2007). Refugees may feel depressed when their previous education and work experience is irrelevant to their current work (Dean & Wilson, 2009; Simich et al., 2006). Economically disadvantaged individuals report reduced levels of self-esteem (Taylor & Usborne, 2010), tense family relationships (Sadavoy, Meier, Yuk Mui Ong & Yuk, 2004) and lower life satisfaction (Kim & Noh, 2015); this was reflected in the case of Sarah and her husband who were living a comfortable life back in Iraq as well as in the transition country, but not in Canada, even after five years, they are still trying to improve their standard of living and regain the social and economic status they had been accustomed to. Low self-esteem and a feeling of being disrespected and devalued are some of the other feelings expressed by Sarah; she mentioned that they are now looking to move to another country. The frustration that refugees experience regarding their own expectations and declining hopes for the future also add more stress.

These unmet expectations and financial strains due to un/underemployment can have destructive effects on a refugee's mental and physical wellbeing. Previous research has found that individuals who had high expectations before arriving in their final destination, but then experienced economic hardship, were more likely to experience insomnia, persistent stress, despair and depression, and unwanted memories compared to individuals who did not have the same expectations coupled with economic hardship (Simich et al., 2006). These symptoms are similar to what some participants expressed during the interviews. Participant responses in the

present study reflected such symptoms as continued concern and worry about their future (Zaid, Marwan, Noor, Asma, Dalal, and Wasef), insomnia (Asma and Fawzeyah), frustration and despair (e.g., Maysa and Asma).

The Effect of Discrimination and Racism on Refugee Mental Health

Even though in Canada open expression of racist ideas is generally not accepted, hostility towards newcomers can serve as a channel for the expression of underlying racist thoughts and feelings, particularly in times of political or economic struggle when those with less power, such as newcomers, are easy scapegoats for the deficiencies of society (CCR, 2000). Indeed, some participants of this study (e.g., Zaid, Noor, and Feda) shared some of their experiences where they were discriminated against because of being refugees. They expressed a variety of feelings as a result of being abused and discriminated against: powerlessness, helplessness, a lack of protection, and frustration were all mentioned. Participants stated that they feel powerless because they do not know how to deal with these types of situations, or even if they have the right to complain, as in the case of Feda. Others know that they can complain, but prefer to stay silent and to accept the situation, as in the case of Noor, who felt vulnerable because of her status as a refugee; she felt that by complaining she might create more trouble for herself. While Noor and Feda reacted passively against discrimination (either by minimizing, ignoring, accepting the situation, privately disclosing the issue to someone else or staying silent), Zaid was more proactive and decided to complain about the person who discriminated against him.

Discrimination has been recognized as a social stressor (Beiser & Hou, 2006; Moghaddam, Taylor, Ditto, Jacobs, & Bianchi, 2002). Racial discrimination has been found to be a significant risk factor for the mental health of various immigrant groups (Rousseau, Hassan, Moeau, & Thomba, 2011; Gadalla, 2010). The results of a study by Noh and colleagues (1999) emphasized the salience of indirect discrimination on the mental health of refugees. Even though previous studies demonstrated the negative impact of racism and discrimination on newcomer mental health, these studies confirm that this effect is even more negative for refugees because of their previous experiences with trauma, political persecution, and forced displacement. Feda, Noor, and Zaid described how these experiences negatively affected them. Noor, for example, disclosed how the behaviour of her employer impacted her negatively: “He [the employer] destroyed me,” and his behaviour led her to quit that job. She also moved her daughter into three different schools due to the behaviour of her peers. Feda also stated how her experiences with

discrimination and feeling helpless about how to deal with the situation added to her stress.

Factors affecting a refugee's sense of belonging and identity reformation

The resettlement of refugees into new cultural, political, and economic atmospheres can be disruptive to a refugee's identity and their sense of belonging in their new homeland (Koser & Akcapar, 2006). In this stage, refugees also have to deal with the new label of "refugee," an issue not previously confronted while living in their country of origin, which can affect the process of identity reformation. A person who was previously a citizen of one country is now a refugee in another, which can have a negative effect on that person's identity. The label of refugee not only defines and classifies people, but also impacts the people who are forced to carry it (O'Neill & Spybey, 2003).

When arriving in their new country, refugees may experience a sense of loss of culture. They left their home that they were loyal to and attached to, seeking safety and protection in another place that is different from their original home and one that is not necessarily welcoming them. Belonging is often dealt with as an important factor for integration, and there have been numerous studies that investigate this concept in refugee populations (Dandy & Pe-Pua, 2015). Refugees start to experience confusion and disruption in their identity once they have been forced to flee and leave their country where they were considered strangers and outsiders. These feelings of confusion about where they belong and who they are and what distinguishes them from others continues to affect them in the transition country as well as in their new homeland. Belonging in the new homeland becomes difficult, just as living in their homeland was before, though in different ways. Refugees who participated in this study revealed that they do not feel that they belong in Canada and that they feel like outsiders and strangers in their new home.

Previous studies claimed that there are different factors contributing to refugees' feelings of not belonging (Dandy & Pe-Pua, 2015; Parker & Brassett, 2005; Zetter, 2007; Keyes & Kane, 2004). These factors reinforce the sense of not belonging and delay refugee identity formation. The findings in the present study support this claim. The first factor is forced displacement; refugees have been forced to leave Iraq and they have not been given any choice. This forced displacement leads to a feeling of helplessness and loss of control over their lives; consequently, it affects their integration into the host country. Some participants emphasized that they left their country because of political pressure rather than economic necessity, and that they did not come Canada to "establish roots." (Shoeb, Weinstein, & Halpern, 2007, p. 453). Some of them

described their migration as temporary and they will travel back once things get better, even when having already spent years in Canada (e.g., Sarah and Wasef).

Secondly, a sense of isolation may occur if the social and cultural characteristics of an individual differ from those of the surrounding population, as in the case of Iraqi and Canadian culture, where a sense of belonging tends to evolve when there are similar social and communal features. The feeling of being the “other” or outsider is often increased when refugees come from countries that are ethnically/racially diverse from the host country where their dissimilarity is more visible (Parker & Brassett, 2005). Based on that, in order to determine how the person will adjust to the new place it is important to consider the similarities and differences between the cultures that the person migrated from and to, in addition to the social features of the person himself (Bhugra & Becker, 2005). This explains why most participants stated that they would prefer to have settled in the transition countries where they spent several years. For them, these countries have approximately the same cultural background and are ethnically and racially similar, so their otherness is not noticeable (Noor, for example, described how she and her children learned to speak with the same accent as the citizens of the transition country), and this, in turn, made it easy for them to integrate and to feel a sense of belonging.

For the refugees, belonging in the new home means: a change of identity to fit into the new culture; finding a new job where their differences do not inhibit their ability to complete their work; being able to speak the dominant language; making new friends in new communities where they can belong to a group; and regaining a sense of normality in the new homeland (Keyes & Kane, 2004). Most participants in the present study are still struggling with learning the language, finding jobs, and making friends and connections in the new society. Participants shared the difficulty of leaving behind their previous lives so that they could engage with their new lives, as well as their difficulty accepting the new culture at first. They related these problems to being foreigners and strangers in a new culture, as well as being in varying states of grief, shock, and homesickness. Wasef, Asma, Fawzeyah, Dalal, Noor, Zaid, Sarah, and Marwan for example, described at length how much they miss their families back home, their old friends, of feeling lonely in the new home, disappointed, shocked, and homesick.

The third factor that affected a participant’s sense of belonging is racism and discrimination. Even though participants did not feel safe in their original country, they face another type of insecurity in their new home in the form of feeling unwelcomed and unwanted.

The refugee label usually carries a stigma with it (O'Neill & Spybey 2003). Often the stereotypes are negative and/or misleading (commonly broadcast by politicians, the media, and the public in general), painting refugees as uneducated individuals who invade a country to collect benefits or who take jobs from native citizens, and who have intolerant characterizations (Bowes, Furguson & Sim, 2009; Zetter, 2007). These negative views of refugees affect public behaviour and trigger hostile actions toward them. The hostility can make it even more difficult for refugees to feel as if they belong and are barriers to integrating into society (Khan, 2013). Previous research has highlighted that racism and discrimination, and the broader society's negative perceptions of refugees, work as barriers that prevent refugees from developing a sense of connection (Correa-Velez, Gifford & Branett, 2010). As Yuval-Davis, Kannabiran & Vieten (2006) argue, "Belonging is about emotional attachment" (p. 2). Feeling unwelcomed and unaccepted by the host society reinforce the feeling of not belonging, especially when it is easy to identify them as outsiders by physical appearance (such as in the case of Feda and Noor), which may further contribute to rejection by the dominant group (Dandy & Pe-Pua, 2015). This can be illustrated in the case of Feda, who dresses in a way that makes it easy for others to identify her religious affiliation, making her more vulnerable to racism and discrimination. As a result of this experience, she feels unwelcome, not accepted, and as if she does not have the same rights as native citizens, which in turn reinforces her sense of not belonging.

The fourth factor is the significant role that employment plays in a sense of belonging. As stated above, refugees are more likely to be unemployed and underemployed than people from other migration categories and the Canadian-born (Dandy & Pe-Pua, 2015). Being engaged in paid employment is considered an important indicator of inclusion. When refugees are un/underemployed, a feeling of being undervalued and not respected by their host country emerge (e.g. Sarah, Dalal, and Wasef). Participants disclosed that they felt more valued and respected back home where they were able to contribute and serve in their communities. Some participants felt that being a refugee meant feeling abnormal and even less important than other people (e.g., Wasef and Zaid). These mixed feelings, the negative stereotypes, and the stigma attached to the label refugee encourage refugees to disassociate themselves from this label and try to identify themselves based on their country of origin (as in the case of Wasef, Zaid, Marwan, Maysa, Dalal, and Noor). Many of the participants disclosed that they usually introduce themselves as Iraqi because they felt respected and valued as Iraqi citizens, rather than the

identity of the politically driven refugee status. They confirmed that they still consider themselves to be citizens of Iraq, and even some of them described their migration as temporary with an intention to return once the war ends.

Refugees in this study tended to retain strong ties to their original identity as Iraqis. While previous research confirms that it is important for refugees to maintain their cultural identity, at the same time, maintaining too strong affiliation with the original culture along with a weak link to the host culture can result in a lack of participation in the host society (Dunstan, Boyd & Crichton, 2004; Giuliani & Tagliabue, 2015). This describes the situation of the participants in this study. Most participants are trying to retain and hold onto their own culture, especially in light of the perceived discrimination, which in turn creates more tension and stress for them. Also, this explains one of the settlement worker's comments in regard to the low motivation that he is experiencing from his clients and how much dependent they are on the workers and their excuses that they have been forced to leave Iraq otherwise they will choose to stay there.

Lack of Social Support and the Mixed Feelings of Loss, Separation, Loneliness, and Guilt

As stated before, Iraq is considered a collectivist culture that puts a great value on the extended family, including adult parents, in-laws, and adult children, unlike the general situation in Western countries where the nuclear family is valued over the extended family (Ghareeb et al., 2008). This shift in emphasis on the nuclear family versus the extended family can impose additional stress on Iraqi refugee families (Silverman, 2015). Bhugra (2004) has theorized that individuals who migrate from collectivistic cultures into individualistic cultures are likely to have problems adjusting to the new place.

After a few months or sometimes years, refugees' focus shifts from their immediate concerns and worries about their own safety and welfare to a focus on the loss of their everyday lives. Refugees come to realize the loss of the environment that they are used to prior to displacement (Fox, Baldwin, Rossetti, Plonczynski, & Bandagi, 2008). At this point, they recognize and feel the loss of family and friends left behind (Fox et al., 2008). As well, they continue to feel worried and concerned about their own and their family members' well-being. Consequently, they experience mixed feelings of guilty and loneliness: guilt for leaving families under fire and not being able to bring them, and loneliness in the new country with little or no social network.

Participants (e.g., Wasef, Asma, Noor, Zaid, and Dalal) had been finding it especially difficult to adjust to the new culture. They frequently reported feelings of loss and helplessness as a result of separation from their family and homeland. They described how hard it was for them to be away from aging parents, siblings, and relatives who were left behind in Iraq, both because of the loss of support as well as continuing to be worried and concerned about their safety and wellbeing. They reported that they try to keep their ties and connections to their families back home to reduce their concerns, worries, and their loneliness.

The length of resettlement for participants in this study ranged between a few months to 5 years. Most participants were clear that they experience homesickness (Wasef, Marwan, Zaid, Asma, and Fawzeyah) regardless of how long they have been in Canada. They described missing their homeland and their previous way of life, as well as expressing concern for the family members who were not able to come with them to Canada.

The situation is even more difficult for women. Earlier studies (e.g. Fox et al., 2008; Serafica, Weng, & Kim, 2000) revealed that women in refugee families who come from collectivist cultures and depend on the social and emotional support of extended family networks described feeling stressed, isolated, and without support once they resettle in the new country because they were unfamiliar with utilizing social networks outside of their family. These findings were consistent with the findings from the present study in which women with younger children (Asma, Noor, and Dalal) described their loneliness, sadness, and a feeling of overwhelming responsibility without family members around for support.

These mixed feelings, along with difficulties adjusting to the new culture, the perceived discrimination and racism, and feelings of not belonging make the settlement experience for refugees complicated and negative. The positive association between social supports and mental health has been well recognized in the literature (MacDonnell, Dastjerdi, Bokore, & Khanlou, 2012; O'Mahony, Donnelly, Bouchal, & Este, 2012; Hynie, Crooks, & Barragan, 2011). The absence of family members, close friends, a lack of social support, and a lack of community involvement is a predictor of mental distress among refugees (Rousseau, Medkki-Berrada, & Moreau, 2001; Jafari et al., 2010; Beiser et al., 2011; Whitley & Kirmayer, 2008) and a supportive and caring environment is also essential for maintaining physical and mental health (Stafford, Newbold, & Ross, 2011).

Family Conflict and Domestic Violence

Family conflict is another challenge that refugee families encounter during their resettlement journey. In addition to the previous trauma, grief, and challenges refugees experience in the pre-transition and post-migration stages, conflict between family members also occur. There are several factors that contribute to these conflicts such as changes in family member roles, frustration caused by economic hardship, the norms and values of the new culture, losing a sense of belonging, and the absence of the social support they had from their families back home. Dalal, for example, stated that she has had a serious conflict with her 15-year-old son. In the case of Dalal, her son wanted to adopt the Canadian way of living, but she was not accepting of this choice. She stated that she was and she will continue to do her best to maintain her cultural values and norms, and she will continue to impose this way of life on her son as long as her son is under her roof. Other examples of family conflicts were mentioned by settlement workers who deal directly with refugees and have a wide variety of experiences.

These family conflicts can often lead to domestic violence. Even though none of the female refugee participants stated that they are currently experiencing any kind of family or domestic violence, this issue has been reported as common by the settlement workers who deal directly with refugees in general and Iraqi refugees in particular. The fact that refugee women did not declare any domestic violence could be explained in different ways. First, women who have experienced family and domestic violence in Iraq are now either divorced, widowed, or in a new relationship and not with the same partner with whom the domestic violence was occurring. For example, Fawzeyah is divorced, Asma is a widow, and Maysa is in a new relationship. Noor is the only participant who is still living with the same partner that she was with in Iraq. She disclosed that her feelings toward her partner are neutral. From her perspective, he is only a father for her children, but, at the same time, she did not disclose anything about being abused in Canada. Again, we can propose two explanations: the first is that she is not experiencing any violence at the moment; the second is that she might still be experiencing abuse, but she has chosen not to disclose this information during the interview either because I am part of her community and talking about issues of violence might be considered a significant breach of their family confidentiality, or because she is unsure of how the legal system in Canada deals with domestic abuse. In Iraq, it is expected that women tolerate the violence of their husbands and the most they can do when things get out of hand is to seek help from people in their community, but

complaining or seeking legal help is not acceptable; women who seek help can be rejected by the community for breaking the cultural rules.

There are clear indications that cultural beliefs, as well as the backgrounds of refugee life (e.g., forced displacement and resettlement in a new country), make up the complexities typically involved in situations of domestic violence. The literature focusing on refugee communities established in Western countries argues that cultural differences, disruption in gender roles, family privacy, shame, collectivism, pre-arrival experiences, traditional masculine identities, settlement challenges, and experiences of forced displacement often put refugee women at greater risk from domestic violence. Issues such as marital obligations, community acceptance, and the possibility for family shame if abuse is disclosed taking priority over concerns for the wellbeing of women have all been identified in the literature (Bhuyan, Mell, Senturia, Sullivan & Shiu-Thornton, 2005; Sharma, 2001; Pittaway, 2004).

In the post-migration stage, the literature indicates that there are many factors that impose more risk on refugee women for experiencing domestic violence (Kang, Kahler, & Tesar, 1998; Walter, 2001). For example, no or low language proficiency, unemployment, and experiences of conflict in their home countries serve to prevent refugee women from seeking assistance and immediate intervention (Menjivar & Salcido, 2002). Rees (2004) argues that many of the issues that increase the risk factors for domestic violence for immigrant families are even more complicated and have a more significant effect on refugee families who may be still suffering from the mental and physical effects of war trauma and forced displacement, more isolation, and having fewer chances to learn English and find employment.

The interruption of the gender roles, and the tension that results from them, is another factor that appears to have an impact on domestic violence at all levels in the post migration stage. For example, it is common for the monthly welfare payment to be made out to the female rather than the male head of the household. This situation can be perceived by men as a threat to their essential role as breadwinner and the head of the family (as in a case mentioned by Safeer), and this sometimes leads to abuse of women, both financially and emotionally (Zannettino, 2012).

In some cases, violence against women is consciously used by intimate partners to confirm subordination, where the partner uses violence to demonstrate his position as head of the household and holder of authority (Feseha et al., 2012). Once the family arrives in the new host

culture, a culture very different from their own, the husband may start to worry about his position and his authority. As a way to emphasize power, partners may use domestic violence to deal with this new situation (Feseha et al., 2012). One example from the interviews that supports this conclusion was mentioned by Dorothy, a settlement worker, where the husband was preventing his wife from any opportunity to learn things in this new country, such as the ability to enroll in English classes. This might reflect his fear of losing control over his family, and emphasize his role of having the authority to decide what family members can and cannot do.

The issue of a refugee's lack of awareness in regard to their rights can also contribute to making women more vulnerable to abuse by their partners. Refugee women in a new country do not necessarily know their rights and they might think that rules and norms from their homeland are the same. In this situation, women might tolerate violence and avoid seeking help for the safety and well-being of their children. Women might think that they could lose access to children if they leave or complain about an abusive partner. For these reasons, it is possible that women with children may be less likely to seek out support or report situations of violence. Dorothy, for example, reported having seen this kind of situation where a client who was being abused was avoiding seeking help because she thought she might lose her children and be without support if she took any action.

The Role of Faith and Spirituality

As a result of war and conflict, Iraqis find themselves forced to deal with devastating experiences. Regardless of their religious affiliations, studies found that Iraqi refugees often find comfort and make meaning of their tragic experiences by sustaining a strong commitment to their religious faith (Shoeb et al., 2007). Refugees are able to find power and support in their strong religious and spiritual faith, which serves as a resource for effective stress management (Shoeb et al., 2007).

While many people in the West believe in the notion that individuals control their own lives, Iraqi people believe in predetermination and that everyone's fate is in God's hands. This belief has a significant effect in people lives, how they deal with multiple losses, and how they make sense of their tragic experiences. Therefore, faith offers a fundamental framework of understanding hardships as God's will (Shoeb et al., 2007). Another finding from the previous literature is that Iraqi refugees rely on their strong spiritual commitment to cope with their feelings of being "in limbo" between their homeland that they miss, and belonging to, but fearing

at the same time, their new homeland that they feel safe and secure in, but that they do not belong to (Shoeb, et al., 2007). The findings in the present study support these claims. Many refugees, regardless of their religious beliefs, described significant reliance on their faith and spirituality and the notion of predetermination to make meaning of their suffering. Participants believe that there is always a reason behind what is happening to them. Most of them stated that maintaining their religious commitment and practice helps them survive the most difficult moments, both in Iraq during the war or after they escaped and encountered the multiple stressors of the new homeland. They tend to use prayer and talking to God to help them in their difficult moments. Participants described the public and private rituals of religious worship as ways to release anxiety, defeat loneliness, and establish a sense of being loved and protected. They stated that their beliefs in God help to buffer and reduce the impact of their challenges and stressors, and some even believe that their dreams are sometimes from God and give them hints and signs about how to deal with difficult situations.

There are extensive studies investigating the association between religious involvement and different aspects of mental health (Mohr, 2006), and many confirm the positive relationship between religious involvement and mental well-being (Fazel & Young, 1988). Most of these studies find that people who are religious adapt better to stress and experience better psychological wellbeing, and that religious commitment has been found to have a positive influence on mental health (Mohr, 2006).

While the previous section aims to discuss different challenges that refugee participants experienced in different migration stages and how that affected their lives, the next section discusses the themes that are presented in chapter six in regard to the readiness of the current mental health services provided to refugees and to what degree these services correspond to their needs.

Section II

The Effectiveness of Current Mental Health Services in Saskatoon

In chapter five, I explored the challenges and difficulties that Iraqi refugees have undergone from the start of the war until they arrived in Canada, and also touched on their experiences in Canada. I then looked at how these challenges affect mental health and wellbeing. I concluded that refugee populations are vulnerable to multiple physical and mental health risks,

as evidenced by symptoms and emotional stressors that participants of this study shared and expressed during the interviews.

The second question that this study aims to answer is to what degree current mental health services are effective and correspond to Iraqi refugees needs. In chapter six, I explored the gaps in mental health care services and the barriers to health care faced by refugees in Canada. By doing so, I began unpacking and differentiating the health barriers faced by this group. Based on the interviews, there are many gaps in the mental health services such as systematic initial mental health assessment is not done upon arrival in Canada and refugees who have mental health issues are often left undiagnosed and suffer in silence; a lack of communication between different settlement agencies and the health region; and difficulties accessing mental health services (difficulty navigating the system, living in rural areas, a shortage of mental health professionals, or long waiting lists). Adding to these gaps is a lack of training for service providers on how to deal with refugees in general, and Iraqi refugees in particular, and also a lack of training for settlement workers about how to deal with their own stressors and vicarious trauma. Additionally, Iraqi refugees experience many barriers that prevent them from accessing mental health services in Saskatoon, which causes underutilization of mental health services. Some examples of these barriers are the stigma surrounding mental health problems, a lack of awareness around mental health illnesses and services available, language barriers and dealing with interpreter issues, cultural differences in understanding mental illness, and a Westernized mental health model in counselling settings.

By investigating the barriers that most affect refugees accessing and using mental health services, policymakers and service providers would benefit greatly from this information and could use it to improve mental health services and make them more accessible. In this chapter I will discuss these barriers and how they negatively affect refugees when they seek help, taking into account their high mental health needs.

Gaps and Barriers in the Mental Health system

All refugee and settlement workers who participated in this study agreed that an initial mental health assessment is not done for refugees once they arrive in Canada. Upon arrival, refugee participants stated that they underwent a full physical check-up in the first few days or weeks to make sure that their physical needs were met, but they all stated that they had never had a mental health assessment. As the interviews revealed, refugees usually experience a wide range

of trauma and arrive with different types of emotional distress and needs. By not doing a mental health assessment, refugees are left undiagnosed, suffering in silence, and are at risk of developing further chronic conditions.

Many participants in the present study stated that there is a substantial need for a mental health assessment to make sure that all refugees are screened and receive appropriate support. Previous research demonstrates that the length of time before accessing mental health services is an important factor in treating mental distress (Silove et al., 2002; Thabet & Vostanis, 2000). These studies find that psychological distress is connected with experiencing traumatic events immediately after exposure, but that distress may also increase over time if not addressed. Due to the time factor, it is recommended that health care providers for refugees perform early assessments and implement treatment plans as quickly as possible once refugees have arrived in the host country (Song, Kaplan, Tol, Subica, & de Jong, 2015). Addressing pre-and post-migration stressors in a timely manner and completing an initial assessment can prevent refugees from being undiagnosed so that they can be active, healthy, and contributing members of society (Beiser & Hou, 2001).

Even though some settlement workers stated that they do more investigation and assessment if the refugee has undergone mental health assessments in the transition country and were diagnosed with an issue that needs to be followed up on, many of them disclosed that these assessments are often not accurate. An additional issue being faced is missing medical history. Iraqi refugees have been displaced from their country of origin to a transition country and then to Canada, and each country's health care system is very different. The lack of stable refugee care, in addition to missing and/or incomplete documentation, forms a formidable challenge for health professionals (McKeary & Newbold, 2010).

Another gap in the mental health services provided to refugees in Saskatoon includes a shortage or unavailability of mental health services and a shortage of mental health professionals. As a result, participants have stated that waiting lists are very long and professionals have less time to spend with patients. These factors lead to additional stress and work pressure for health care providers that may impact their behaviour and how they deal with their patients (McKeary & Newbold, 2010). These limitations may lead service providers to avoid accepting refugee patients because they assume that they will be challenging clients with complex health needs and language difficulties (McKeary & Newbold, 2010). Spitzer (2004) draws a similar conclusion,

stating that shortages in professionals leave service providers unwilling to accept refugee patients who are presumed to be challenging and time-consuming due to linguistic and cultural barriers (Wahoush, 2009). This issue was discussed by Dorothy and Emily; both individuals deal directly with refugee clients and have tried to connect them with either family physicians or mental health practitioners. Both have noticed that some service providers avoid accepting refugee clients because of the complex situations they bring with them. Even though Dana and Kamelea, who are mental health professionals, confirmed that they would accept refugee patients if needed, both stated that dealing with them is very challenging and time-consuming. This situation becomes even more challenging when refugees limit their search for care providers to those that share the same cultural, gender, language, or ethnic background (McKeary & Newbold, 2010), which in turn leaves them with much more limited choices and can lead to them not getting the necessary support. This is reflected in the case of Khawlah, who was looking for a mental health professional that speaks her language because she cannot speak English and she did not want to involve an interpreter; she finally gave up looking for a mental health professional because she could not find someone who met her criteria.

Living in rural areas was also one of the barriers that reduce refugee access to health care facilities. Even though this issue was not mentioned by the refugee participants in this study, mental health practitioners reported that living in a rural area can act as a barrier hindering refugees from accessing mental health services. Living in rural areas is frequently exacerbated by transportation challenges, time requirements, and cost. Clients who live in these areas often miss their appointments because of the cost to get to the appointment, a lack of transportation, or a difficulty finding child care, often not easily secured in the refugee community (McKeary & Newbold, 2010).

Lack of Training for Settlement Workers

Another gap is the lack of training for the settlement workers. This lack of training can be divided into two areas: first, a lack of training on how to deal with refugees in difficult situations; and, second, a lack of training on how to deal with their own stressors that result from daily interaction with traumatized refugees. Most settlement workers who participated in this study reported that there is a need for more training about how to work with refugees who have been traumatized. Settlement workers reported that, most of the time, they find that they do not know how to help the clients or where to refer them for help. In addition to the lack of training, the

interviews revealed that some settlement workers do not have an appropriate education that qualifies them to be able to deal effectively with this population. While some workers have had previous education in social work and psychology, others have unrelated education (e.g., economics) in addition to a lack of specialized training. This lack of appropriate education and training makes it difficult for the workers to deal with refugees or to be able to handle difficult situations and also to be familiar with some of the work ethics such as their clients' confidentiality, an issue that was raised by some of the refugee participants that affected their relationship with their services providers (e.g., Zaid and Noor).

Even though previous literature suggested that, in order to best serve refugees in a culturally sensitive manner, services should be delivered by staff and volunteers with the same cultural background (CCR, 1998), findings from this research contradict this conclusion. Study participants have commented that being served by people from the same cultural background affected them negatively. Having different religious affiliations or political loyalty created problems with their settlement workers. The situation becomes even more serious if the settlement worker is a refugee with a history of trauma. Some of the settlement workers who participated in this study are themselves refugees and have experienced trauma firsthand. This previous history sometimes affects how settlement workers deal with their clients. According to Pearlman and Mac Ian (1995), professionals who have a personal trauma history exhibit more negative effects than professionals with no trauma history. Based on that, settlement workers who are refugees themselves and have a history of trauma might be severely affected by this type of work, in addition to it having a negative effect on their relationship with their clients and the services provided. As an Example, Zaid and Noor are two refugee participants who have had serious conflicts with their settlement workers that caused them more stress and led them to switch their files to other workers. Asking further questions about this issue revealed that both participants have the same background as the two settlement workers, who are refugees themselves, and the workers have different political and religious affiliations than the clients. These factors put settlement workers in vulnerable situations when they deal with refugees who sometimes have serious mental health issues. When settlement workers who have had previous traumatic experiences as refugees do not trust people themselves, it becomes difficult for them to build trust with new refugees, especially if they come from the same cultural background and hold different religious beliefs or political views.

Another type of lack of training is how service providers deal with their own stressors that have resulted from working directly with traumatized refugees. Settlement workers reported that there is a lack of training on how to deal with the stress that is caused by being exposed to traumatized clients. This type of trauma is called vicarious trauma that can be experienced by service providers who are exposed to clients' stories of trauma (Thompson, 2003). As a consequence of continuous exposure to this type of experience, cognitive modifications in the service provider's beliefs and values may occur (Munday, 2010). Mental health professional can experience a change in his or her beliefs about him or herself, others, and the broader world (Canfield, 2005). These changes can cause feelings of helplessness, grief, anger, can lead to somatic experiences, and can also result in general changes in the professional's personal and proficient life (Canfield, 2005). This type of trauma has been considered a job-related risk that can interrupt a professional's career or even cause them to leave their occupation (Simonds, 1996; Canfield, 2005).

Findings from this study revealed that this type of trauma is not limited to mental health professionals; settlement workers who have direct contact with refugees might also experience this type of trauma. Some settlement workers revealed that, as a result of daily dealings with refugees, they experience emotional distress that negatively affects their lives, including their mental health. Settlement workers stated that there is a lack of training on how to deal with these stressors and ignorance at an institutional level to the serious need for this type of training. They agreed that there is a need for more awareness and action in this area.

In regard to mental health professionals, none of the participants reported that they are experiencing any type of secondary or vicarious trauma, but three out of four revealed that they find working with refugees very challenging and required more effort from them, leading to increased levels of stress. An absence of reporting this type of trauma may suggest that they have obtained the appropriate training on how to deal with it, but they also may have thought this information was outside the scope of the study so they did not report it.

Understanding Refugee Underutilization of Mental Health Services

Previous research has indicated that, even when they experience similar levels of distress, immigrants and refugees are less likely to seek help or to be referred to mental health services than their Canadian-born equivalents (White, 2007). According to Statistics Canada, the percentage of refugees seeking help from the health care system declined significantly within a

period of 4 years of their settlement (Longitudinal Survey of Immigrants to Canada (LSIC), see Statistics Canada 2005, 2007). Statistics show that this percentage declined from 80 percent trying to access health care within their first six months of arrival in Canada to 66 percent approximately four years after arrival and this is lower than what is detected in the Canadian-born population and the immigrant population (Birch, Eyles, Newbold, 1993; Newbold, 2009a). This suggests that those who need help the most seek help less than other populations (Newbold, 2009b).

Findings from the present study are consistent with the previous literature. Even though some refugee participants showed emotional distress, many of them avoided seeking formal help to deal with their issues. In addition to not having the appropriate social support, refugees also tend to underutilize mental health services in Saskatoon. For example, in this study, Noor, who was actively seeking mental health help when she arrived five years before, eventually gave up and discontinued her search. The interviews demonstrated that there are different factors that affect whether a refugee seeks help for their mental health challenges or not: included are a lack of awareness around mental illness and its manifestation and a lack of awareness of what services are available, language difficulties, the stigma around mental health problems, having a long list of things to do that rank higher in priority than self-care, cultural differences in understanding mental health and mental illnesses, and a Westernized mental health system that ignores the role of cultural, spiritual, and religious beliefs. Below I will illustrate how these factors act as barriers to accessing the mental health care system and lead to underutilization of these services.

Language Barriers and Working with Interpreters

Although the issues of language difficulties and looking for interpreters are not limited to refugees, these issues were mentioned as significant systemic barriers to health care, and have been noted to be one of the most noteworthy obstacles to accessing care (e.g. Harper & McCourt, 2002). In counselling settings, a lack of language skills has consistently been recognized as a significant barrier to communication between the client and his/her counsellor, and decreases the chances that a refugee will access counselling services (Abdul-Karim & Kiely- Froude, 2009; Mohiuddin & Maroof, 2012). Language barriers are commonly related to literacy levels and extend beyond the initial appointment. In general, refugees have greater issues with literacy than other immigrants (e.g. Brown, Miller & Mitchell, 2006; Dewitt & Adelson, 2007) and are more

likely to have a more limited knowledge of the English language (e.g. Brown, Miller & Mitchell, 2006; Dewitt & Adelson, 2007). Along with general language challenges, refugees may not have the vocabulary to accurately describe their complaint, which can complicate diagnosis and make following instructions complicated and challenging (Lawrence & Kearns, 2005). As a consequence, this limits a health care provider's ability to connect with their patients, causing unfulfilled needs on the part of the patient.

In this present study, language difficulties proved to be a great barrier that discouraged refugees from seeking help. Most participants identified the challenges that a lack of English language skills poses in accessing counselling services. Most participants from both groups (refugees and service providers) agreed and emphasized that language plays a significant role in whether a refugee will seek help or not. Many refugees and mental health care providers do not speak the same language, which adds a significant challenge to client-counsellor communication and formation of a trusting relationship. Marwan explained how because of his lack of English, he avoided seeking help from formal mental health services. Noor also confirmed that not being able to speak English and not being able to express herself accurately was one of the barriers that she and her son experienced when they were looking for mental health help. Noor stated that she was looking for a psychiatrist who speaks her language so she might be able to communicate and express herself freely; however, after many attempts; she finally gave up looking for help. Language as a communication barrier not only exists in counselling and health care settings; settlement workers and refugee participants also agreed that differences in language make communication between these two groups more difficult and complicated and affects the quality of service.

Previous education plays an important role in refugees' English proficiency. Most refugee participants who have low or no education have low or no English proficiency; this included the participants Asma, Maysa, Wasef, Zaid, Noor, Dalal, Marwan, and Fawzeyah. For participants who have a university education, their level of English proficiency is above average; Feda and Sarah and her husband have university degrees and did not find language to be a barrier to their communication. This might be explained because in Iraq English is the official language to teach in universities, so they came with a good command of English.

To overcome the language barrier, refugees tend to use interpreters to make communication easier. According to Tribe (1999), interpreters are necessary when working with

refugee clients since most refugees do not speak the host country's language. The role of interpreters can extend beyond language to become culture broker and advocate, translating not only the language, but also cultural terms or backgrounds (Kai, 2003). However, when mental health service providers do not offer trained interpreters, clients with low English-language skills may be forced to turn to communities that are not sufficiently prepared to meet these needs (Sadavoy et al., 2004). In these cases, clients might use informal interpreters who often are from their community and have no formal training in interpretation. The use of informal and untrained interpreters from the community can be problematic and poses ethical and practical challenges in terms of confidentiality, and quality of interaction, as they might unintentionally overlook, add, abbreviate, or incorrectly interpret medical terms, among other things, which may cause misunderstanding and misdiagnoses (Tang, 1999). In addition to the shared social network, traumatic experiences, and a lack of understanding of medical terms and the process of clinical evaluation and treatment, and since in many communities there is significant stigma and shame connected with mental illness, many refugee clients might avoid using the help of interpreters from their own community, even if they are well-trained (Jefee-Bahloul & khoshnood, 2014; Anderson, 2011). Many refugee participants pointed out that, most of the time, they prefer not to work with someone from their community because of privacy and confidentiality issues. Marwan, for example, cancelled his appointment twice because he was asked to bring an interpreter and he could not find an interpreter from outside his community. Noor also did not get the necessary support that she was looking for because, in addition to other barriers, language proficiency issue was an issue.

In addition to the concerns around confidentiality and the fear of being labelled as having mental health issues, Tribe (1999) states that refugees may be unwilling to work with interpreters from their community because they fear that they may not be represented clearly, they may have different political views, and they mistrust having another person speak for them. As a result, patients may perceive the presence of an interpreter or culture broker as threatening.

Service providers also commented that there is a lack of adequate training for interpreters. They often enter the field of interpretation without previous training or preparation. As a result, many problems might arise, such as issues with confidentiality, inaccurate interpretation, and a lack of knowledge around the ethics of working as an interpreter (Kirmayer et al., 2011). The lack of translation services may delay proper care when the need for care is

urgent (Anderson, 2011).

For the mental health professionals, the presence of interpreters imposes other complications. Even with trained interpreters, a feeling that the interpreter is taking over the session and a loss of emotional content or details might emerge (Tribe, 1999). Mental health professionals may feel that the therapeutic session is transformed and that they are left out of the conversation, or that the client and interpreter have a stronger relationship than they have with the client (Blackwell, 2005). Some of these issues have been reported by mental health professionals and settlement workers in the study; they discussed a loss of meaning and missing many important details, as well as the wait time between translation when an interpreter is involved (Mai, Dana, and Kamelea). These issues usually cause frustration, longer sessions, and a loss of meaning through translation.

As stated before, as a consequence of language and other barriers, clinical appointments with clients who speak English as a second language may require additional time due to the need for interpretation, as well as the need to make sure information that given to refugees are understandable (McKeary & Newbold, 2010). These additional efforts lead service providers to sometimes avoid accepting refugee patients, as stated by Colleen and Dorothy, which adds further barriers to refugees getting the necessary services.

A Lack of Awareness around Mental Illness and the Negative Effect of the Stigma

A lack of awareness about mental health illness and available services are factors that are considered to lead to underutilization of available mental health services (Fenta, Hyman, & Noh, 2006; Reitmanova & Gustafson, 2009a, 2009b; Donnelly et al., 2011; Ahmed, Stewart, Teng, Wahoush, Gagnon, 2008). Mental health professionals and the settlement workers who participated in the present study confirmed that many refugee clients have no idea what the counselling process involves, a lack of awareness about mental illness symptoms and manifestations, or what mental health help is available. Moreover, there is a lack of education and acceptance of mental health problems within the wider community, which hinders refugee utilization of the mental health services.

According to Kobeisy (2004), the lack of awareness around counselling and its existence, its procedures, and expected outcomes of counselling create negative attitudes toward seeking formal mental support. In reflecting on their experiences of working with Iraqi refugee clients, mental health professionals, as well as settlement workers, pointed out the need for awareness

among the Iraqi refugee population about mental health issues and available services. This claim was supported by Asma, Fawzeyah, and Feda, who all expressed emotional distress, but never thought to look for help because they were not aware that these symptoms might indicate mental health issues and were not aware that there are available services. Asma, for example, described many symptoms during the interview that might be related to PTSD such as continuous fear of being attacked during the night, staying alert at all times to prevent such attacks, flashback and insomnia. Asma had no idea that what she described might be related to a mental illness that negatively affects her life. As a result of this unawareness, she never thought to seek mental health help and support.

In addition to the lack of awareness around mental illness, the interviews also revealed that there is a lack of awareness around services available to refugees. Participants revealed that refugees usually do not know where to go to seek help. They do not know how to navigate the system or what services, either mental health services or other services are available to them, unless their settlement workers have provided that information to them. Cultural differences may play a significant role in limiting the use of the health care system, despite a need for help (Lawrence & Kearns, 2005). This lack of awareness is not exclusive to refugees; mental health professionals and settlement workers also revealed that they are not aware of the types of services available to refugees. While settlement workers are not aware of the mental health services offered to refugees, mental health care providers also do not have enough information about settlement services available to refugees, and they are also not aware if there are any specific mental health services for refugees rather than interpretation services.

Even if a person realizes that the symptoms he or she is experiencing are associated with mental illness, the stigma around mental illness acts as a barrier to accessing help and services. Stigma around mental illness is one of the other important factors that emerged from the interviews and contributes to refugee underutilization of the available mental health services; this is consistent with previous literature (Donnelly et al., 2011; O'Mahony, Donnelly, Bouchal, Este, 2013; Teng et al., 2007; Whitley et al., 2006; Ahmed et al., 2008). The WHO (2001) has considered stigma to be a serious obstacle for persons living with mental illness in different cultures, taking into account that the level of this stigma differs from culture to culture.

As stated before, Iraqi refugees come from a collectivist culture that focuses on meeting family and community needs over individual needs. Family and the ethnic community are

important to them, and considered an important source of support (Hodge, 2005). In collectivist cultures, status and reputation in the community is very important, and people work hard to maintain their status, even if sacrifice is required (Ansary & Salloum, 2012). While in this culture emotional suffering is considered an essential part of human existence and open expression of strong emotions is socially accepted, explicit labeling of suffering as a mental health problem is not acceptable and is considered shameful and disgraceful because one might be labelled as “crazy.” (Ansary & Salloum, 2012). As a consequence of how people in this culture explain and understand mental illness, mental health services are strongly associated with custodial or hospital treatment of psychotic patients. As a result, mental disorders in this culture are highly stigmatized, and patients are extremely unwilling to attribute symptoms to a mental disorder. Even though relationships between individuals in this culture are considered strong, people fear judgment and continuously worry about how other people in the community view them. This prohibits them from disclosing their or their family members’ mental suffering. From their perspective, counselling is a threat to one’s independence, power, and reputation in the community (Kobeisy, 2004; Ansary & Salloum, 2012).

These conclusions have been echoed in the findings of this study. In the present study, stigma acts as a barrier that inhibits refugee participants from seeking mental health support. Zaid and Marwan, for example, avoid seeking help for their mental illness and prefer to suffer in silence because, from their perspective, mental health services are for “crazy people.” They are afraid that someone in their community might find out about their issues, which might not only affect their reputation in the community, but also the reputation of their family members as well. Even though Noor was looking for help for her son, she was very careful in doing so because of her fear that someone from the community might hear about it. During the interview, she spoke repeatedly about her information being kept confidential. Dalal also asserted during the interview that it was important that none of her son’s information be shared in a form that would make him identifiable in her community; this was even after I confirmed that all information is confidential and that she would be given a pseudonym. Both were concerned about how other people from the community would view them and worried about their reputation and position in the community.

It is important to know that the stigma of clinical diagnosis and the potential shame attached to it affects not only patients, but also their relatives and other family members (Ciftci,

Jones & Corrigan, 2012), and this is why in this culture mental illness is considered a family matter that should be kept confidential, shouldn't be shared with people outside the family context and disclosing it is considered as breaching the family privacy. For women, the situation is even more difficult. In addition to the previous barriers to seeking mental help, cultural beliefs around marriage may indirectly prevent them from seeking mental health support (Ansary & Salloum, 2012). Marriage in this culture involves the community as a whole, where families tend to carefully evaluate each other to select an appropriate spouse for their son or daughter. In this environment, mental illness in any family member (not just the wife- or husband-to-be) can be seen as disgraceful and may prevent the marriage from going ahead (Ansary & Salloum, 2012). As a consequence and due to concerns over getting married, single women in this culture have less positive attitudes and are drastically less likely to seek help than men (Ansary & Salloum, 2012; Al-Krenawi, Graham, Dean & Eltaiba, 2004). This is mirrored in the situation of Feda, who disclosed that she wished to seek help outside her family, but was afraid of losing her family's support, as well as concerned about the possibility that seeking help might decrease her chances of getting married. Instead, she chose to hide her mental health issue and use other coping strategies to deal with it. She preferred to suffer in silence rather than being seen as breaching the family's privacy or risk affecting her chances of getting married in the future.

This reluctance to share personal problems with others in the community, in addition to the stigma associated with mental illness, plays a significant role in whether refugees seek help and creates a difficult barrier (Al-Krenawi & Graham, 2000; Khan, 2006; Khawaja, 2007; Ansary & Salloum, 2012). The stigma and the stress of mental illness might force refugees to express their illness in a somatic form, where individuals understand their issue as a physical matter rather than a mental one (O'Mahony et al., 2013; Fenta, Hyman, & Noh, 2007; Kirmayer & Young, 1998). Stigma and shame associated with mental health and behavioural issues, as well as unfamiliarity with mental illness and the counselling services available, encourage refugees to seek help from family physicians rather than mental health professionals (Kobeisy, 2004). With Khalwah, Asma and Zaid, they complained about physical symptoms that their family physicians were not able to explain and could not find a physical cause for.

The Role of Cultural, Religious, and Spiritual Beliefs in Seeking-Help Behaviour

Previous research acknowledges the significant role that cultural beliefs, religion, and spirituality play in understanding and displaying mental illness (O'Mahony & Donnelly, 2007;

Donnelly et al., 2011). These factors have been found to determine how clients perceive, explain, understand, and respond to mental illness symptoms. They also affect coping strategies, help-seeking behaviour, commitment to therapy plans, emotional expression and communication, and relations between clients, their family members, and health care providers (Saleem, 2015).

In the present study, cultural beliefs, religion, and spirituality play a substantial role in understanding, explaining, and dealing with mental illness among the refugee population. Exploring the effect of relying mainly on a Westernized health model that focus on the biological aspect of illness and ignores the spiritual can help us to understand why refugees tend to underutilize the available mental health services. This conclusion is supported by evidence presented by Aloud and Rathur (2009), who find that the cultural beliefs about mental health and the related perceived stigma, familiarity with available services, and utilization of traditional treatment methods are the best predictors of a client's attitude toward mental health services. Below I will discuss these barriers and their impact on refugee help-seeking behaviour. Since eight out of 10 refugee participants in the present study are Muslim, and because of the similarities between the Muslims and the two Christian refugee participants and the role that religion and spirituality play in their understanding of and how they cope with stress, in the following discussion I focus on a Muslim perspective of mental health.

a) The Role of Spirituality and Religion in How Iraqi Refugees Understand and Explain Mental Illness

Religious beliefs have an influence on how mental health issues, as well as service utilization, are perceived and understood (Chaze, Thomson, George, & Guruge, 2015). Religion and spirituality can give meaning and purpose to people's lives in times of difficulty; they can provide an optimistic worldview and positive model that helps people to come to terms with suffering and accept offers of community support (Koenig, 2009). In times of illness, spirituality can prove to be important (O'Reilly, 2004). Previous research has acknowledged that religion and spirituality can have a positive impact on people's health and quality of life, linking it to more effective coping with illness, better recovery, and survivorship (Koenig, 2010; Ameling & Povilonis, 2001).

In the case of Muslims, their understanding of mental health and behavioural issues is religiously and culturally based (Abu Raiya & Pargament, 2010; Turkes-Habibovic, 2011). Muslims continue to believe in "supernatural" powers to understand mental illness. One of the

critical and essential personal beliefs in Muslim life is the belief in the invisible world, including a belief in things such as angels, spirits-jinns, shaytan, and existence of the soul (Utz, 2012). From their perspectives, magic, the evil eye, and jinn possession has the power to affect and damage people's lives. Physical and psychological illnesses, in addition to marital or relationship problems and other hardships in life, might be caused by one of these supernatural powers (Utz, 2012).

Another explanation of mental illness in the Muslim framework is perceived as the will of God, either as a test of the person's faith and patience, or as punishment for previous bad deeds or neglect of faith and religious practices; in both cases, the person should endure the illness as an act of obedience with the will of God (Ali & Aboul-Fotouh, 2012; Aloud, 2004). According to this framework, all life events, either bad or good, are understood in the context of and as a result of God's will (Ali & Aboul-Fotouh, 2012). In the case of loss, believing that all of life's incidents are God's will and acknowledging that the person has no control over his life can be an important part of the grieving process and help the person to accept the loss (Ali & Aboul-Fotouh, 2012; Basit, 2007). This understanding of mental illness and its causes leads Muslims to seek traditional healing rather than seek help from professionals, especially where seeking formal mental health services is not an option (Ali & Aboul-Fotouh, 2012).

Previous literature has shown that Muslims who live in Western countries might change their view of the causes of mental illness in relation to how acculturated they become. Studies have shown that, while a small percentage of Muslims might change their beliefs and attribute mental illness to life events (e.g., stress), the vast majority continues to believe that religious causes, such as punishment from God or supernatural influences (witchcraft or jinn), are the causes of mental illnesses (Ismail, Wright, Rhodes, Small, & Jacoby, 2005; Weatherhead & Daiches, 2010; Al-Habeeb, 2004).

It is also important to mention that the type of illness or distress determines where and from whom Muslims will seek help. Therefore, to deal with fear, anxiety, sorrow, loss, and everyday stressors, Muslims will use religious coping strategies; however, if they believe that the distress is being caused by jinn possession or an evil spirit, they will usually seek help from qualified traditional pious healers (Abdullah, 2007).

b) Religion as a Coping Strategy

Religious coping methods dictate how people respond in times of suffering (Pargament,

1997). Pargament (1997) defined religious coping as a “search for significance in times of stress” (p. 90). According to him, people act in harmony with their religious beliefs and use religious coping to protect their values. Based on the previous understating of the cause of illness and hardship in human life and the belief in the absolute will of God, Muslims tend to rely on religion in times of distress to give meaning to their suffering.

Using religion as a coping strategy encompasses a practice of voluntary prayers, Qur’an recitation, asking religious people to say prayers for them, giving to charity, remembrance of God, utilization of prayers (dua’as), attendance at religious and community gatherings, and seeking support from family, Imams, and the community (Turkes-Habibovic, 2011). Muslims believe that these activities and practices work as spiritual resources for mental health care and are more helpful for dealing with mental illness than seeking out formal mental health services (Loewenthal, Cinnirella, Evdoka, & Murphy, 2001).

Refugees who participated in this study have validated these conclusions. They understand their suffering in the light of their religious beliefs. Most stated that they believe that God is there for them, watching them, and helping them when they are in need. They believe that all the suffering they have been through is a test of their patience, and that they should tolerate the event(s) in order to pass this test. They “gave their troubles over” to God, such as in the case of Feda, Noor, and Maysa, who believe that what has happened to them is a test of their patience and God will reward them on judgment day; they seek solace and comfort in prayer (Noor, Feda and Sarah). Another participant stated that she believed that God gave her patience and wisdom, guided her in times of stress, and sent her messages to help handle difficult situations (Maysa, who is Christian, believes that God has never left her, he has supported her at every step, and he planned for her to flee Iraq and to come to Canada).

In terms of religious practices, in the context of this study some of these activities (Qur’an recitation, prayers, and dua’as) are practiced regularly by participants (Feda, Noor, Dala, and Sarah) to help them give meaning to their losses and suffering, and to help them feel comfort and consolation in times of stress. Noor explained how she would recite the Qur’an every time the shelling started and how she used prayers to deal with the violence and the mistreatment that she experienced from her in-laws. From her perspective, the stress she was going through was a test and she needed to deal with it in order to pass. The practices that she did helped her to calm down and to tolerate the stress, believing that at one point God will help her to get her revenge.

Even though Muslims are encouraged to resolve their inner conflict through religious practice (Abu-Ras, Gheith & Cournos, 2008), it is important to know that counselling and Islamic principles do not contradict each other (Kobeisy, 2004). Islam openly clarifies that relief for different illnesses, whether physical or spiritual, can be cured through nutritional, medical, and interpersonal interventions, through worship, or in other ways (Ansari, 2002).

While research on the effects of religious practice and prayer on the human heart and body is limited, some researchers have found that prayer can have positive effects on a participant's wellbeing (Yucel, 2008). The findings indicate that prayer significantly improved blood pressure, body temperature, and respiratory rate, reduced stress and depression, and offered comfort and hope (Yucel, 2007). Based on these results, in the context of counselling and psychotherapy it is recommended that mental health professionals consider and utilize these spiritual beliefs to improve and facilitate the recovery process.

c) Westernized Mental Health System and the Absent Role of Spirituality

Based on the previous discussion of how refugee participants understand, interpret, and respond to mental illness, it becomes obvious that the current Western mental health system that understands and deals with mental illness from a biological perspective does not meet or correspond to Iraqi refugee mental health needs. Once in Canada, Iraqi refugees who mainly rely on their religious and spiritual beliefs in time of hardship confront a health care system that often does not acknowledge the effect that religion has on a patient's health or treatment (Collins & Guruge, 2008). This conclusion can be a serious barrier to Iraqi refugee use of the available mental health services.

Kirmayer (2003) explains how mental health practitioners might find it challenging to understand their clients when relying solely on their Western training. Psychotherapists generally have an understanding of mental illness manifestations, causes, and etiologies based on Westernized manuals and guides, which is different from those of refugee clients whose ideas, understanding, and expression of illness are different. While, at times, mental health professionals try to reduce client stories to force a diagnosis so as to give the therapist clarity and comfort, at other times they fail to fit their client's symptoms into a clear diagnosis, a situation that leaves both sides confused, unsure, and disappointed (Kirmayer, 2003).

The main difference between Western and Islamic understandings of mental illness is evidenced by the help-seeking behaviour of the related population. While the Western model

reinforces seeking help from health care professionals, the Islamic approach encourages prayer and asking for advice from religious leaders and family members (Khan, 2006). Western psychological treatments and clinical diagnoses often do not acknowledge or appreciate the effect of religion in people's lives, especially for non-westerners. They often fail to utilize the significant effect that Muslims' beliefs around the cause of mental illnesses and the rituals of prayer in helping to ease anxiety, loneliness, and traumatic loss (McLellan, 2015), which in turn can lead to a lack of trust inside the Muslim community regarding the usefulness of Western biomedical models of treatment; therefore, these individuals are not seeking help from professionals (Abu-Ras et al., 2008; Weatherhead & Daiches, 2010). For Muslim clients, they are concerned that mental health professionals either are not aware of basic Islamic values or do not respect their religious beliefs, and consequently offer a therapy that conflicts with their belief system (Hodge & Nadir, 2008). As an example, Wasef stated that he does not trust the ability of mental health professionals to understand and help him, and he prefers to engage in prayer and ritual instead of looking to external help.

There are many reasons why mental health practitioners seem unwilling to include spirituality in their practice, reasons such as vagueness in their understanding of spirituality, a lack of knowledge and training in implementing a spiritual perspective in patient/client care, or a lack of training to properly guide Muslims (Ameling & Povilonis, 2001; Nassar-McMillan & Hakim-Larson, 2003). Additionally, there is a lack of exposure to refugee clients (either because mental health professionals avoid taking them on or because clients themselves do not seek formal help). Other reasons could include the impact of the health practitioner's own religious beliefs, which may affect how they provide services. Another factor could include the feeling that religion and spirituality conflict with a scientific approach (Ameling & Povilonis, 2001).

Previous research in this area states that there is a large gap in the education and training offered to those who work with refugees, a lack of funding to train professionals, and an absence of specialty courses and programs offered in this field (Gozdziak, 2004). This large gap in the training of professionals is due to education being based on the Western biomedical model, which ignores cultural diversity (Gozdziak, 2004). This conclusion has been reflected in the findings of the current study. For the mental health professionals, there is a lack of training on how to deal with clients who hold different beliefs and practices around mental illnesses. All of the participants revealed that they did not feel prepared to work with refugee clients. They had

attended a few workshops in this area, but, from their perspective, the training sessions encompassed more of a theoretical approach rather than practical, and they all declared that they need more training on how to deal with this population. Adding to that, they all suggested that new mental health professionals who intend to work with refugees should take as much additional training as possible.

These different factors from the side of the Iraqi refugees themselves and their beliefs around the etiology of mental illness, along with the lack of training on the side of the mental health professionals on how to provide sensitive services that take into account cultural differences and spirituality in their treatment plans, have resulted in a remarkably low representation of refugee clients in all areas of mental health services, which has reduced the exposure of mental health practitioners to refugee clients.

CHAPTER 8

Conclusion and Recommendations

The purpose of this study was to explore the difficulties that Iraqi refugees face in various migration stages and how war trauma and forced displacement affect their mental health and well-being. This research also aimed to explore to what degree the current mental health services provided to these refugees correspond to their needs. The findings of this research provided a deep understanding of the different challenges that Iraqi refugees might face on their journey, starting from their lives in Iraq and moving to the transition country, and then finally in Canada. Regarding the mental health services available to refugees in Saskatoon, this research provides a better understanding of the gaps in the current services offered and proposes some recommendations of how to improve these services.

There are several conclusions that can be drawn from the findings of the present study. During their lives in Iraq and as a result of war, conflict, and continuous violence, participants of this study reported that they have been through and survived devastating traumatic experiences. Participants shared some of their experiences of multiple losses and grief, loss of family members, friends, properties, economic and social status, as well as losing their homeland and sense of belonging. In addition to having suffered in violent environments in the past, some women in this study reported being further subjected to family and domestic violence before settling in Canada.

Loss and grief associated with traumatic experiences were a central part of life for all participants. Some participants described experiencing more extensive trauma than others, and some more recently than others, but every participant described experiencing loss that was associated with some kind of traumatic event in Iraq, be it the death of a family member, friends, or others in their community. In addition, the participants' own lives and safety were also under threat. Being forced to leave homes to search for safety was another traumatic experience that refugees endured.

Religious affiliation was one of the main reasons participants fled Iraq, regardless of which religious group they were affiliated with. There was not one dominant religious group that threatened other groups. Members from different religious groups were exposed to threats and were forced to leave the country.

While all participants fled from Iraq for their safety and welfare, some participants continued to feel worried and concerned about their own and their families' safety in the transition country, uncertainty about the future, as well as for the welfare of their families back home. In addition, refugees discussed feeling the loss of their social support and family relationships, which led to increased loneliness and feelings of being an outsider. Not being allowed to work, in addition to economic hardship, adds more stress for refugees and makes them more vulnerable to abuse by employers and other citizens.

Despite the difficulties that most participating refugees faced in transition countries, life in the transition country was easier and preferred over life in Canada. One reason that explains this preference is that Iraqi people usually flee to neighbouring countries that border Iraq, and as a result they often share a similar cultural background, language, and even sometimes weather with the transition country, making it feel more like home and easier to adapt to. Additionally, being close to Iraq made it possible for them to visit their families when emergencies arose.

Refugees arrive in Canada with big dreams and high expectations about the quality of life mainly acquired from the media or word-of-mouth. Once they arrive, they come to realize that real life is very different from the dreams they hoped for. There are many factors that add strain and stress to participants' lives in this stage: being abused as a result of having little or no information about their rights and privileges; racism and discrimination either in the workplace, school, or in public; and being un/underemployed, either because of discontinued careers and education, low language proficiency, or because of credentials not being recognized. Refugees usually arrive in their host country with limited resources. The issue of un/underemployment causes participants to face economic hardships, which, in addition to other factors such as discrimination and racism, have a negative effect on developing a sense of belonging. Most participants in this study reported feeling unwelcome and not accepted in their new homeland. At the same time, they were forced to leave their homeland because they were also considered outsiders there. Participants therefore feel lost, in "limbo," and "caught between two worlds." (Holtzman & Nezam, 2004, p. 128). To reduce tension, most participants choose to hold onto their previous identity as Iraqi and avoid introducing themselves as refugees or as citizens of the new host country. Participants also experience isolation, they miss and worry about their families and friends back in Iraq, and they have lost their social and economic status.

As a result of all of these stressors and frustration, the disruption can cause family

conflicts. Some family members adapt and assimilate into the new norms and values of the host culture more than others and, in some cases, these increasing conflicts might turn into a situation of domestic violence. To make sense of all of this suffering and to create meaning, most participants state that they rely heavily on their religious beliefs, which give them solace and comfort in the face of trauma and life's challenges.

The published literature on refugee and mental health described negative mental health outcomes associated with living through war trauma, forced displacement, and relocation (Keyes & Kane, 2004). Systematic reviews report that refugees are at a much higher risk than the general population for a variety of specific disorders as a result of their exposure to war, violence, torture, forced migration, and to the uncertainty of their status in the countries where they seek asylum. Studies revealed that refugees are more likely to develop PTSD, depression, prolonged pain, and somatic symptoms at rates 10 times higher than other populations (Fazel et al., 2005; Steel et al., 2009).

The post-migration stressors also have negative effects on refugee mental health and well-being. Prior research has found that the number of post-migration negative life events and stressors experienced by refugees is associated with self-reported health declines (Sondergaard Ekblad & Theorell, 2001). There is also evidence that post-migration stress can add to the effects of prior trauma, and may increase individuals' risk of repeatedly experiencing PTSD or other mental health symptoms (Silove, 2001). Previous researches indicated that past traumatic events are perceived as the main causes of PTSD and traumatic grief, while depression and anxiety are both the indirect results of past events and the current situation (Bolton, Michalopoulos, Ahmed, Murray & Bass, 2013).

The findings from the present study also reveal that mental health services provided to Iraqi refugees do not correspond to their mental health needs. Issues such as a lack of training on how to deal with refugees, a shortage of mental health services, long waiting lists, a lack of connection and collaboration between different agencies, difficulties accessing and unfamiliarity with the health care system, the lack of culturally sensitive care, difficulties navigating the system, a lack of sensitive mental health services, and the absence of religion and spirituality in the healing and recovery process are some of the gaps of a system that is not ready to serve the rapidly increasing number of refugees in Canada in general, and Saskatoon in particular.

Service providers have additional challenges that they need to address. In addition to the urgent need to provide culturally competent health care services to diverse clients, other issues such as resource shortages, program funding issues, relationship building, and providing appropriate cultural interpretation also need attention (Drennan & Joseph 2005; Lawrence & Kearns, 2005). Professionals, for example, need training in culturally competent methods, but are often limited by time pressures, as well as the limited access to training courses and opportunities (Lawrence & Kearns, 2005).

The findings of the present study support previous research that, despite increasing cultural diversity within Canada, mental health services provided to refugees are not culturally sensitive and do not recognize and utilize refugee strengths and assets, which in turn leaves clients feeling oppressed and disempowered (Graham, Bradshaw & Trew, 2008). Mental health professionals confirmed that the current mental health system is not culturally sensitive and not ready to serve clients who come from diverse backgrounds. Shortages in services, a lack of awareness and training on how to deal with clients from different cultural background make current mental health services unable to meet refugee mental health needs. Previous research has confirmed that mental health services that are not culturally competent are correlated with poorer outcomes such as misdiagnosis (Delphin & Rowe, 2008; Rosenberg, 2000), and make it difficult for refugees to access existing services, which in turn decreases levels of commitment and retention (Reitmanova & Gustafson, 2009a; 2009b; Ansary & Salloum, 2012; Delphin & Rowe, 2008).

While services provided to refugees have been created “by demand” within the city, a lack of appropriate services remains a problem, and was reported by participants. Demands for more culturally competent care have increased. There is a rising awareness of the need to train professionals and help them comprehend their own and their clients’ cultural beliefs, values, behaviours, and communication strategies, and to adopt practices that enhance quality and unprejudiced care (Guilfoyle, Kelly, St. Pierre-Hansen, 2008).

Study Recommendations

Based on the findings from the previous chapters this section will suggest some recommendations to help fill gaps in the current system and help increase refugee utilization of services. These recommendations will not be limited to mental health services, but will include other settlement services and suggestions of how they can better meet refugees needs, which may

improve their settlement and integration experience, and improve their living conditions.

From November 2015 to April 2016, Canada has opened its door to around 26,500 Syrian refugees (CIC, 2016b). Taking into account the impact of this action and the possibility that this number may increase since the federal government has committed to accepting as many as 50,000 Syrian refugees into Canada by the end of 2016 (CIC, 2016b). Based on that, I believe it is very important to keep in mind the implications and impact of these recommendations on the settlement and mental health services provided to Syrian refugees, especially since they are coming from the same cultural background and are fleeing from the same type of conflicts. The recommendations below will focus on three main areas: first, raising awareness; second, providing more professional training for services providers; and third, providing more culturally competent and sensitive mental health services that consider cultural diversity.

Raising Awareness

Through the interviews, I have found that there is an essential and urgent need to raise awareness in different areas and for different groups. The targeted populations for these awareness campaigns would be the refugees themselves, the services providers, and the general public.

a) Raising Awareness for the Iraqi Refugee Target Group

For the refugees, there is a need to arrange awareness workshops to be conducted in the transition country for people who are granted refugee status in Canada. Participants stated that there are workshops that are usually done in the transition country over the course of three days, which generally takes place a few days before their trip to Canada. The main purpose of these workshops is to introduce the refugees to Canadian culture in general.

Participants suggested that, to make these workshops more effective, they should be longer and give a detailed account of what life in Canada actually looks like. These workshops could discuss what can be expected, which might include real stories. More information should be included about the person's obligations and rights, what is expected from the refugee, what a refugee's rights are, the laws and rules in Canada, how the person can avoid being a victim of abuse, and how to avoid committing illegal acts that might affect refugee status. Workshops should provide more reality-based awareness about entering the workforce and what the person should expect. These workshops could take place weeks before the applicants arrive in Canada to give them time to understand and absorb the information.

Another need stated by some of the participants is to have more information about Canadian culture. Instead of leaving them to learn from their own experiences, refugee participants said it would have been helpful to have been provided with detailed information about Canadian life, its traditions, and how to deal with Canadians. This information could save refugees a lot of hassle and trouble when dealing with people from the new host culture, which in turn might enhance their feelings of belonging and create a more positive environment to facilitate the settlement process.

As stated earlier, Iraqi refugees come from a culture where mental illness is not something that one seeks help for. Some do not know what a mental illness is or what counselling is, and neither counselling nor psychotherapy services have ever been available to them. While in some cases a person might suffer from a mental illness and not be aware of it or how to communicate the problem, in other cases the stigma around mental illness is a factor that keeps refugees from seeking help for their suffering.

Refugees should be educated about the symptoms they might experience as a result of previous trauma, and information about psychological distress and the need to seek treatment for it are important concepts that should be communicated to refugees. Culturally appropriate messages and media promotions should be developed to target specific groups. Previous literature has proven that raising awareness about the effectiveness of counselling has had a positive effect on refugee help-seeking behaviour. One study found that refugee attitudes toward seeking out counselling services changed over the course of a study, where the participants all came to believe in the effectiveness of counselling at the completion of the study, with many seeking referrals for counselling (En-Nabut, 2007).

It is also important to raise awareness and provide more information about the available services and where and from whom a refugee can seek help. By doing so, refugees will know where to go when they are in need of mental health support. These workshops might take place in the transition country or in Canada.

Mental health awareness could also be achieved through the ethnic community itself. Participants suggested community outreach as a way to promote awareness and increase utilization of mental health services by refugees. Presentations and workshops within the Iraqi refugee community could be used with the aim of creating awareness of mental health issues. The participants further suggested that different mental health service organizations reach out to

communities and educate people about the importance of seeking mental support. Collaboration between mental health professionals, settlement workers, and religious leaders was also suggested.

b) Raising Awareness Among the General Public about Who Refugees Are

Refugees do not live in isolation; they generally have daily interaction with people from the host society. As a result, there is an urgent need to raise awareness among the general public about who refugees are, why they left their countries, the typical stereotypes attached to them, different types of discrimination and racism they experience, and how people can help. This type of knowledge will help people from the host society understand what refugees have been through and that they were forced to leave their country. It could also highlight the contributions the refugees can make if their skills and abilities are well-utilized. This type of awareness can also help to change negative stereotypes about refugees and reduce discrimination against them.

Policy makers could start with education at the school and university level by adding courses to the curriculum that discuss different refugee issues, and additional workshops and training could be given to teachers about how to deliver these courses in an anti-discriminatory, anti-racist way. By doing so, the general public will become more aware of who refugees are and why they leave their countries, leading to more acceptance and recognition of refugees and their issues.

c) Raising Awareness for Service Providers

Once refugees arrive in Canada, they are assisted by different parties such as the settlement agencies, family physicians, and mental health professionals. Participants of the present study suggested that service providers in general need more awareness of the challenges that refugees have experienced in their different migration stages. Findings from the present study emphasize the importance of considering the pre- and post-migration stressors, and to integrate the principles of social inclusion, access, and equity into practice when planning for health promotion interventions (O'Mahony & Donnelly, 2010; Reitmanova & Gustafson, 2009a; Koh, Piotrowski, Kumanyika & Fielding, 2011).

Raising Awareness for Physicians and Family Doctors

The interviews revealed that some physicians and family doctors have little awareness about the effectiveness of the mental health services available and refugee need for such

services. Some participants (Marwan and Noor) disclosed that their family doctors were not helpful in getting the necessary help either because they did not acknowledge the illness, because of the cultural differences in how mental illness is expressed, or because they did not know where to refer them.

Since family physicians are the first people refugees often seek help from, then it is important to raise doctor/physician awareness around cultural differences in the manifestation of mental illness. This, in turn, could increase understanding of the mental health issues that refugees might suffer from and the necessity of referring them to the appropriate services. Since family doctors are dealing directly with refugees, it is important that they explain to refugees that bodily or somatic symptoms can accompany many forms of emotional and psychological distress.

Raising Awareness for Mental Health Professionals

It is also important for mental health professionals to be prepared to address various areas of concern and the continuing challenges of resettlement. Mental health interventions cannot be effective if implemented without considering the other challenges and difficulties refugees face during their settlement journey. Mental health professionals might also collaborate with different settlement agencies to lessen the settlement challenges that refugees face. Addressing issues such as economic hardship, housing problems, discrimination, family conflicts, and other challenges can facilitate effective therapy with refugees (Vaileyska et al., 2010). Interventions aimed at improving living situations may considerably contribute to improving the mental health of refugees, possibly more than any clinical intervention. In order to be successful, mental health professionals have to have enough information about the available services to enable them to refer clients to different services. Working relationships with other organizations such as settlement agencies would also help to bring experts together in their efforts to assist refugees.

Creating Collaboration and Opening Channels of Communication

To effectively support the mental health and psychosocial wellbeing of refugees, clinical treatment needs to go hand-in-hand with settlement services to alleviate difficult living conditions. Mental health interventions should be part of a multi-layered system of services (Inter-Agency Standing Committee [IASC], 2007). Findings from this study showed that there is a lack of connection between different agencies that deal directly or indirectly with refugees such as settlement organizations, the health region, and the ethnic communities. As a result, there is a

lack of awareness among these parties about the services that each have to offer to refugees, which in turn limits options and resources when they need to refer refugee clients. There is a need for more collaboration and connection between these parties so they can be well-informed of the services available to refugees and provide more referral options to their clients.

Based on my understanding of mental health as a continuum where people can have different responses to the same event, it is important to note that mental health services do not have to be merely of the formal variety. There are other types of services that can be considered informal mental health services that involve the community and serve to improve refugee mental health. These services can include support groups and activities groups that are culturally appropriate. Giving refugees the chance to take care and support each other can empower them and positively harness their abilities and capabilities. It is important to focus and invest in the local community to support refugees, while formal mental health services can be reserved for extreme cases.

Previous research has found that the presence of welcoming relations within ethnic communities can buffer the effects of forced displacement losses, segregation, and discrimination. For service providers, having information about the existing community, religious organizations, and a list of community resources will help them identify and organize psychosocial support and other resources when needed. However, it is important to identify which community the client feels part of, before providing referrals and not to assume that the client necessarily feels comfortable with a group that shares the same ethnic, religion or nationality (Kirmayer et al., 2011).

One way to enhance the collaboration of these parties is by encouraging strategic partnerships between them, and also by establishing a formal committee where each of these parties is represented and regular meetings are held to raise awareness around the services they provide. A meeting such as this may help all parties find ways to collaborate and to discuss urgent issues related to refugee mental health and well-being. Additionally, regular workshops for service providers and members of the local community about the available services, as well as a list of resources, would help to raise awareness and facilitate connections between different parties, which can only have a positive impact on the services provided to refugees.

Conducting an Initial Mental Health Assessment

Participants revealed that, prior to coming to Canada, they undergo medical testing to

ensure that they do not have any transmittable diseases. The health assessment that Iraqi refugees receive after settling in Saskatoon focuses mainly on physical health with little attention paid to mental health assessments. In addition to developing psychological distress from trauma, refugees may also have developed psychological distress from stressors associated with forced displacement and the process of settlement.

One important thing that needs to be considered in order to protect refugees from further stigmatizing labeling (which can cause further disempowerment) is to avoid using clinical labeling when doing assessments. Settlement workers could use a list to determine who is at high risk of developing mental illness; if high risk is identified, the client could be referred to the appropriate service.

Settlement agencies need to ensure that newly arrived refugees receive appropriate mental health assessments so that those affected by trauma can receive early intervention. This initial assessment could be conducted through permanent and on-site mental health professionals that will help in early diagnosis of issues, in addition to helping refugees who need urgent interventions. These professionals should be well informed of the available resources to enable them to refer refugees who need urgent care.

Providing more Accessible Services

In terms of accessibility, the findings revealed that mental health services are difficult to access due to shortages in mental health services or mental health professionals, long wait lists, or travel issues when refugees live in rural areas. Participants suggested one way to improve refugee access to mental health services could focus around “increasing maybe funding for a lot of our mental health services in general” and “[recruiting] more doctors so that can help the current population,” as stated by Kamelea. Both of these interventions would help reduce the time a person has to wait to get the required service. Another recommendation to enhance refugee accessibility is to provide services in rural and other poorly serviced areas, either by providing mental health clinics or better transportation options (Vasilevska, Madan & Simich, 2010). Additionally, counselling services could be provided at different settlement agencies to take care of other refugee needs.

Accessibility may also include making the services easier to navigate, especially when there are many programs offered; clients may not know where to go and from whom to seek help for their specific needs or how roles are distributed (Vasilevska et al., 2010). It is important to

make it clear to refugee clients how roles are divided between agencies/service providers and where to look for help (Vasilevska et al., 2010). Another idea to facilitate accessibility is by creating an efficient and standardized referral system between settlement agencies and the health region when clients need a referral.

Providing Additional Professional Training

Findings from the present study demonstrate that there is a lack of training provided to service providers, which limits their ability to serve their refugee clients. To fill this gap, recommendations around more training for different service providers are suggested.

a) Professional Training for Settlement Workers

Since settlement workers are the frontline workers dealing with refugees, it is important to make sure that they have the appropriate educational background that qualifies them to deal with refugees (such as social work and psychology). Having the appropriate educational background, as well as having the appropriate professional training, would help settlement workers deal with difficult situations. As mentioned by Dorothy, settlement workers want training to be “continuously going back and talking about issues and learning about the challenges of how to respond to them [refugees] particularly mental health but in all areas as well. It would be good to have that kind of training it will benefit me.” Settlement workers also suggested having more training on how to deal and cope with their own stressors that emerge as a result of their regular and continuous interaction with their refugee clients. Agencies can create self-care strategies and techniques in the workplace to support staff members, in addition to opening up discussion for staff members to share vicarious trauma.

b) Professional Training for Interpreters

The findings from this study revealed that language difficulties are barriers in the client-counsellor relationship. Refugee clients who have a low proficiency in English are often forced to use family members or untrained members of their community to interpret for them, and this leads to issues of confidentiality and accuracy. Recent reviews find that the use of proficient interpreters, rather than family members or untrained interpreters, can significantly improve communication, increase disclosure of psychological symptoms (Ehnholt & Yule, 2006), and help reduce inequalities in use of a range of health services (Flores, 2005). Therefore, mental health professionals need to ensure that interpreters are well-trained and prepared (Tribe &

Morissey, 2004). There is a need for more professional training for interpreters. This could be done through designing certified training courses to be given to interpreters and to be held regularly. Once implemented, mental health professionals would need to make sure that interpreters who attend therapy sessions are licensed and hold the appropriate certification.

In addition to the focus on training interpreters, another area of development that might have a beneficial effect on refugee settlement is enhancing language proficiency. This could be done by increasing the number and length of English classes available. This would help refugees to deal with their issues without the mediation of interpreters. Different settlement agencies provide a wide range of English classes for different levels. Current regulations have made it mandatory for refugees to pass a certain level of language proficiency as a prerequisite to be able to apply for Canadian citizenship. This step has been taken to encourage refugees to put effort into learning English.

c) Professional Training for Mental Health Care Providers

Regarding the quality of mental health services provided to refugees, all mental health professionals who participated in the study stated that the services provided are based on a Westernized mental health model that is mainly focused on a biological perspective of mental illness and lacks sensitivity to the cultural and spiritual aspects that play an important role in understanding, expressing, and interpreting mental illness.

To address this gap, participants suggested that there is a need for more specialized training and courses for mental health professionals so that they can be more prepared and able to deal with their refugee clients. The training and courses could be added to the current curriculum as an essential part of the degree.

This specialized training should help professionals to be better educated and more sensitive to the cultural differences regarding mental illness and its symptoms, to know who they are caring for, the history of their clients, and awareness of difference(s) between refugee clients and others. With this approach, professionals would be better able to build peer support programs, incorporate traditional healers and medicine, ensure linguistically accessible teaching materials, and provide culturally safe environments (Beiser, 2005). These aspects are essential to helping refugees construct meaning from suffering and find adaptive strategies to cope with their situation. This training should also bring awareness to negative stereotypes associated with the term refugee (Ali et al., 2004), which is also a good strategy for building a trusting relationship

with refugee clients and also may facilitate client comfort with discussing previous discriminatory and racist experiences. Training may also help professionals be aware that dealing with refugee patients may require more time to get to know the client, build trust, interconnect and (re)build their medical history (McKeary & Newbold, 2010).

It has been suggested that it would be useful for mental health professionals to increase their capabilities in relation to spirituality and to familiarize themselves with religious values when counselling refugee clients (Grabovac & Ganesan, 2003), as well as to explore the possibilities of using these concepts in therapeutic treatment (Koenig, 2010). Since it is not possible for mental health care providers to know everything about all cultures and all religions, it suggested that detailed information about different services provided by other settlement agencies or in the local community should be made available to mental health professionals in case they need to refer clients.

Sine the UNHCR gives priority to resettling single women because of the special problems and challenges related to their protection (UNHCR, 2004), a significant proportion of the female participants in this study were single women that are also the heads of their households (Fawzeyah, Fedaa, Asmaa, Maysa, Khawlah & Dalal). Research that looks at the resettlement experiences of women in general, and single women in particular, can be used to develop gender-specific programs that facilitate resettlement and provide more support for this group. It is also recommended when dealing with refugee women to explore how their cultural background, gender, and socioeconomic situation affect their psychological development and interpersonal empowerment (Hassan et al., 2015).

Stereotyping and Generalizations

One important issue for developing culturally competent service is to make sure that these practices do not unintentionally encourage stereotyping of refugees and their mental health (Reitmanova & Gustafson, 2008). Professionals may over-diagnose or generalize information based on other similar populations such as generalizing that all refugees have been traumatized. They may also over-pathologize normal responses to psychologically stressful situations as a result of not considering the negative effect of the pre- and post-migratory experiences (Krieger, 2000). It is claimed that the stereotyping expectations held by mental health-care providers can lead to inaccurate diagnoses. This happen when professionals try to fit a client's symptoms into a specific predetermined diagnosis based on their previous assumptions and stereotypes (Kafele,

2004; Guilfoyle et al., 2008). Mental health professionals also need to ensure that they avoid psychiatric labeling because this can be stigmatizing and cause refugees to avoid seeking help (Hassan et al., 2015; Rehbeerg, 2014).

Issues of Power and Empowerment

Professionals also need to be aware that refugees are usually perceived of as poor and uneducated, helpless, and their strengths and resilience are often overlooked. As a result, refugees can experience racism and discrimination. Systematic oppression plays a large role in the post-migration stressors discussed earlier. Refugee populations have experienced a loss of power and control over their lives, and therefore it is important for mental health professionals to carefully raise issues of power dynamics when dealing with refugees to avoid creating situations where clients may view professionals as disempowering and make them feel dependent on the resources and expertise provided by them. Mental health professionals also should shift their emphasis from “vulnerability-based assessment and intervention frameworks to resilience and recovery-based approaches,” acknowledging refugees as active agents in their lives in times of adversity (Hassan et al., 2015, p. 31; Rehbeerg, 2014). To help them regain their sense of power, it is best to actively involve them in intervention planning and using a person-centered approach, which can contribute to their recovery.

Involving Family Members

As stated before, Iraqi refugees come from a collectivist culture where family and community have a great impact and are very important. It is essential then to pay close attention to the family and social network in the counselling setting. Instead of excluding family members who come with the client, it is important to welcome them and to meet with them when appropriate, which can be an important step in building trust and also a valuable source of information (Kirmayer et al., 2011). Additionally, involving key family members or trusted family supports in the discussion of different treatment options can intensify the intervention impact, and empower and support the family and the patient (Lewis-Fernandez et al., 2005). Also, when dealing with family members, procedures for privacy and disclosure should be applied in a way that respects cultural backgrounds. For instance, in dealing with clients who are youths, family members should be involved to avoid creating intergenerational conflicts (Lewis-Fernandez et al., 2005).

Strengths of the Study

My identity as a female immigrant from the Middle East, as well as my sharing the participants' language and cultural background, were valuable in building trust with the participants and encouraging them to open up and disclose their experiences without fear. Coming from the same background also helped me to be more sensitive to my participants' issues, which allowed for a stronger rapport and deeper sharing of information with research participants. Also, speaking the same language as the participants and conducting the interviews in Arabic made it easy for refugee participants to narrate their life stories and to express their emotions openly and without the fear of being misunderstood. Speaking the same language also allowed me to capture and communicate many nuances that otherwise would be lost in translation and this, in turn, made my findings and discussion much richer and closer to the participants' actual experiences.

Using both life history interviews and semi-structured interviews helped me to collect as much information as possible about the participants' life stories and the previous and current challenges they are experiencing; it also helped me to access their past and present life experiences and to gain a better picture of what is at stake for them.

Exploring the research questions from different perspectives added more validity to the research findings. Interviewing refugee participants, both male and female, settlement workers, and mental health professionals brought their experiences together in one place to help to answer the research questions and contributed to examining the existing services from different perspectives.

There are few qualitative research projects that have been conducted in Saskatchewan exploring mental health services provided to immigrant and refugee women and that aim to move from research to improving mental health services (e.g., White, 2007, White 2009). The current research is unique and much needed, since it aims to explore these services in Saskatoon specifically for the unique situation of Iraqi refugees. Moreover, this research is comprehensive since it explores refugee experiences and the effect that war trauma and forced displacement has had on their mental health and well-being, and then evaluates the current services in addressing and meeting their mental health needs.

Study participants have been living with war since 1979. Some of them were born in the midst of war and experienced other wars, and this made them uniquely positioned to share their

experiences of life in contemporary Iraq. Some participants left Iraq while they were young and lived in a transition country for many years before moving to Canada, and this gave them a unique perspective of what life looks like in a transition country. Regardless of how many years participants lived either in Iraq or in the transition country, each participant offered a unique and rich human story.

Another strength of this study is that all participants were very enthusiastic to speak and to share their stories. Study participants wanted their voices to be heard and wanted to pass on messages about the settlement and the mental health services that they felt they could not share directly with the service providers. When I asked them why they chose to participate, some participants explained that they would like new refugees to have better services to be able to adjust more quickly. Most of the participants exceeded the time allotted for the interviews and talked freely about their experiences, others were emotionally involved in the interviews suggesting they trusted me as a researcher, and some even disclosed to me that they had told me private things about their lives that they had never shared with anyone before. Others revealed that they felt relaxed and more peaceful after they shared the details of their suffering. This enthusiastic in participation provided me with very rich data and allowed me to deeply explore their experiences.

Limitations of the Study and Future Directions

There are some limitations to this study. One limitation is that the study comprised of a small, non-randomized sample that was drawn from Iraqi refugees living in Saskatoon. Even though statistical generalizability of the findings was not the aim of this study, the transferability of the results might be limited to Iraqi refugees who were forced to leave their country of origin and who reside in Saskatoon. Despite that, I believe that refugees coming from the Middle East share many cultural characteristics and background realities that make findings from this study useful to better understanding their predicaments. Future research may include broader and larger purposive sampling to provide statistically generalizable understandings of refugee settlement and mental health needs.

Another limitation of the study that merits mention is the fact that mental health care providers were all psychiatrists working in the same institution. As psychiatrists, these participants have undergone the same professional training, which might not reflect the full range of training backgrounds and experiences of mental health care providers currently working with

refugees. Future research should aim to canvass the experiences of more mental health professionals and practitioners, to include other mental health professionals who work directly with refugees (e.g., psychologists, social workers, and nurses), and to make sure that they have been working in their field long enough for them to be able to reflect on their experiences and provide more practical recommendations. I should mention, however, that one of the mental health professionals was a settlement worker before he decided to pursue further education, which gave him experience dealing with refugees in general, and Iraqi refugees in particular; his contribution to the research data was especially valuable.

Refugee women, especially single mothers, who participated in this study continue to struggle in Canada. Future research projects could focus on the experiences of this group of mothers who must raise their children and support their families in a new culture and without a support system. Additionally, Middle Eastern refugee women who come with their husbands have other challenges. The conflict between what they want, what the new culture imposes on them, and what their community, family members, and husbands expect may have a huge effect on their settlement experiences and their mental health. More exploration of the settlement experiences and the special needs of this group is recommended for future research. This type of research may allow for more understanding of refugee women's suffering and may help to better examine the current services provided to this particular group.

Since some of the study participants shared information about the challenges that their children are facing and how war and forced displacement has negatively affected them, I think another recommendation for future study could be to focus on children and youth refugee experiences to explore their particular difficulties and needs. This might give policymakers and health care providers a better understanding of what services they require. While there has been much research conducted in other provinces addressing this specific group (e.g., Welch-Mitchell & Wheeler, 2015; Pacione, Measham, & Rousseau, 2013; Rousseau, Measham, & Nadeau, 2013), in Saskatchewan, in particular, there have been very few inquiries into this group's particular needs (e.g., White et al., 2009). Accordingly, more research is recommended in this area.

Lastly, since settlement and mental health services offered to refugees varies considerably between different cities and provinces in Canada, it is strongly recommended to explore and compare experiences by province when dealing with and responding to refugee

needs. This collaboration would allow all involved to benefit from the experiences others have had.

Closing Commentary

Even before the start of the 2011 Arab revolution that was called the “Arab Spring” (and later sadly turned into the "Arab Winter"), the Middle East has been in a state of strife. Long before the American invasion of Iraq in 2003, internal conflicts in Palestine, Lebanon, Iraq, and many other countries started decades before this revolution. The democratic uprising that began in Tunisia and then quickly took hold in many other Middle Eastern countries aimed to liberate people who had lived for decades in poverty and under oppressive regimes, but unfortunately it failed and lost sight of its goal. Instead of liberating people, this revolution caused many internal conflicts and led to people fleeing from the war and seeking refuge in other places.

Due to recent regulatory changes, the number of refugees heading to Canada is increasing rapidly. The flow of refugees to Canada in general, and Saskatchewan in particular, escalate the need for the type of research that aims to address the mental health needs of refugees and to examine the appropriateness of the existing support services offered to them. The current project contributes significantly to our understanding of Iraqi refugees experiences, what type of difficulties and challenges they experience, what effect war trauma and forced displacement has had on their mental health, the situation of the existing mental health services offered to them in Saskatoon, and what can be done to improve the current services to best meet their various needs. With ongoing conflicts flaring in different parts of the world and the resulting continuous wave of refugees, this type of research will continue to be important and crucial in our chaotic and hectic world.

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Appendices

Appendix A: Invitation to Participate (Refugee Participants)

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon

Are you a male or a female who is 18 or over?

Have you been exposed to war in the Middle East?

Have you come to Canada as an Iraqi refugee within the last five years?

Are you willing to share your experiences?

You are invited to participate in this study that aims to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree do the existing support services meet and correspond to those challenges.

If you decide to participate you will be asked to describe your experiences by narrating your life story and by answering a series of open-ended questions about different aspects of your life in one to two interviews of about 90 minutes each.

If you are interested in participating in this study or if you need more information, please contact:

Somaya Al-Ja'afreh, PhD Candidate, Department of Psychology

E-mail: saa558@mail.usask.ca, or phone: **306-966-5765** (the research supervisor's office)

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015.

Appendix B: Invitation to Participate (Settlement Workers)

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon

You are invited to participate in this study that aims to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree do the existing support services meet and correspond to those challenges.

If you decide to participate, you will be asked to answer open-ended questions in one interview of about 45-60 minutes about your experiences supporting refugees in general, and Iraqi refugees in particular, and to evaluate the existing support services available for supporting refugee mental health needs.

If you are interested in participating in this study or if you need more information, please contact:

Somaya Al-Ja'afreh, PhD Candidate, Department of Psychology

E-mail: saa558@mail.usask.ca, or phone: **306-966-5765** (the research supervisor's office)

*This project was approved by the University of Saskatchewan Behavioral Research Ethics Board
on Jan. 5th, 2015*

Appendix C: Invitation to Participate (Mental Health Care Providers)

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon

You are invited to participate in this study that aims to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree do the existing support services meet and correspond to those challenges.

If you decide to participate, you will be asked to take part in one interview of about 30-45 minutes and to answer open-ended questions about your experiences supporting refugees in general, and Iraqi refugees in particular, and to evaluate the existing support services that are available for supporting refugee mental health needs.

If you are interested in participating in this study or if you need more information, please contact:

Somaya Al-Ja'afreh, PhD Candidate, Department of Psychology

E-mail: saa558@mail.usask.ca, or phone: **306-966-5765** (the research supervisor's office)

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015.

Appendix D: Letter of Invitation (Refugee Participants)

Dear Potential Participant:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archaeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

If you decide to volunteer, you will be asked to take part in 1 to 2 audiotaped interviews that will take approximately 60-90 minutes each, and will take place at one of the University of Saskatchewan or one of the settlement agencies meeting rooms at a time that is convenient for you. I will invite you to share the challenges that you experienced before you left your country until arriving in Canada and the role of forced displacement in the emergence of these challenges. Also, I will invite you to share your experiences in regard to the effectiveness of the current support services and how they help you address those challenges.

The results of this research might be published and presented at conferences. These results have the potential to contribute to our knowledge on this topic and improve services available to refugees who have similar experiences. If you are interested in obtaining the results of this study, please contact the researcher.

Your participation will be voluntary and you are free to answer only those questions you are comfortable with, and you may withdraw from the research project at any time without explaining the reasons.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on *Jan. 5th, 2015*; if you have any questions regarding your rights as a participant, you may contact the committee at 966-2084, toll free at 1-888-966-2975, or at ethics.office@usask.ca.

If you are interested in participating in this study or if you would like further details, please call 306-966-5765 (the research supervisor's office number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix E: Letter of Invitation to Settlement Workers (Individual Interview)

Dear Potential Participant:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

If you decide to volunteer, you will be asked to take part in one audiotaped interview of approximately 60 minutes, to be held at a time and location that is convenient for you (for example, your workplace or any public space). I will invite you to answer open-ended questions about your experiences supporting refugees in general, and Iraqi refugees in particular, and to evaluate the existing support services that attempt to support and address refugee mental health needs.

The results of this research might be published and presented at conferences. These results have the potential to add to our knowledge on this topic and improve services available to refugees who have similar experiences. If you are interested in obtaining the results of this study, please contact the researcher.

Please note that your participation in this project will be voluntary and you are free to answer only those questions you are comfortable with, and you may withdraw from the research project at any time without explaining the reasons.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on *Jan. 5th, 2015*; if you have any questions regarding your rights as a participant, you may contact the committee at 966-2084, toll free at 1-888-966-2975, or at ethics.office@usask.ca.

If you are interested in participating in this study or if you would like further details, please call 306-966-5765 (the research supervisor's office number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix F: Letter of Invitation to Settlement Workers (Focus Group Interview)

Dear Potential Participant:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

If you decide to volunteer, you will be asked to take part in one audiotaped focus group interview of approximately 60-90 minutes at one of the University of Saskatchewan or on of the settlement agencies meeting rooms at a time that is convenient for all participants. I will invite you to participate in a discussion about your experiences working with refugees in general, and Iraqi refugees in particular, and to evaluate the existing support services that attempt to support and address refugee mental health needs.

The results of this research might be published and presented at conferences. These results have the potential to contribute to our knowledge on this topic and improve services available to refugees who have similar experiences. If you are interested in obtaining the results of this study, please contact the researcher.

Your participation will be voluntary and you are free to answer only those questions you are comfortable with, and you may withdraw from the research project at any time without

explaining the reasons.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015; if you have any questions regarding your rights as a participant, you may contact the committee at 966-2084, toll free at 1-888-966-2975, or at ethics.office@usask.ca.

If you are interested in participating in this study or if you would like further details, please call 306-966-5765 (the research supervisor's office number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix G: Letter of Invitation (Mental Health Care Providers)

Dear Potential Participant:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving to Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

If you decide to volunteer, you will be asked to take part in one audiotaped interview of 30-45 minutes, to be held at a time and location that is convenient for you (for example, your office or any public space). I will invite you to answer open-ended questions about your experiences dealing with refugees in general, and Iraqi refugees in particular, and to evaluate the existing support services that attempt to support and address refugee mental health needs.

The results of this research might be published and presented at conferences. These results have the potential to contribute to our knowledge on this topic and improve services available to refugees who have similar experiences. If you are interested in obtaining the results of this study, please contact the researcher.

Your participation is voluntary and you are free to answer only those questions you are comfortable with and you may withdraw from the research project at any time without explaining the reasons.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on *Jan. 5th, 2015*; if you have any questions regarding your rights as a participant, you may contact the committee at 966-2084, toll free at 1-888-966-2975, or at ethics.office@usask.ca.

If you are interested in participating in this study or if you would like further details, please call 306-966-5765 (the research supervisor's office phone number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix H: Letter to Organizations (Refugee Participants)

To whom it may concern:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

I am seeking the support of your organization for this research by asking you to post a notice inviting participation in the research project (a copy is attached).

This project was approved the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015. If you have any questions regarding the rights of participants, you may contact the committee at 306-966-2084, toll free at 1-888-966-2975 or at ethics.office@usask.ca.

If you are interested in participating in this study or if you would like further details, please call 306-966-5765 (the research supervisor's office number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix I: Letter to Organizations (Settlement Worker Participants)

To whom it may concern:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

Today I am seeking the support of your organization for this research by sending an email inviting settlement workers in your organization to participate in individual and/or focus group interviews (a copy of the email is attached).

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015. If you have any questions regarding the rights of participants, you may contact the committee at 306-966-2084, toll free at 1-888-966-2975 or at ethics.office@usask.ca.

If you have any questions, or if you are willing to support this research by sending the notice, please call 306-966-5765 (the research supervisor's office number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix J: Letter to Organizations (Mental Health Care Provider Participants)

To whom it may concern:

My name is Somaya Al-Ja'afreh and I am doing research for a PhD degree in the Department of Psychology at the University of Saskatchewan. I am conducting a study titled, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. This study is being supervised by Dr. Sadeq Rahimi from the Department of Archeology and Anthropology and is being done in partial fulfillment of the requirements of the Doctor of Philosophy degree.

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

Today I am seeking the support of your organization for this research by sending an email inviting mental health care providers in your organization to take part in the research project (a copy of the email is enclosed).

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015. If you have any questions regarding the rights of participants, you may contact the committee at 306-966-2084, toll free at 1-888-966-2975 or at ethics.office@usask.ca.

If you have any questions, or if you are willing to support this research by sending the notice, please call 306-966-5765 (the research supervisor's office number) or e-mail saa558@mail.usask.ca.

Thank you for your time and consideration.

Sincerely,

Somaya Al-Ja'afreh

Appendix K: Telephone Screening Scenario (Refugee Participants)

Hello,

My name is Somaya Al- Ja'afreh and I am a PhD student in the Department of Psychology at the University of Saskatchewan. I am replying to your call/e-mail signifying your interest in my study, *Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon*. Thanks for your interest in my study.

Before I start explaining the research process, I have to make sure that you meet the conditions for the study.

1. Are you 18 years or older? ☐ yes ☐ no
2. Do you hold a refugee status? ☐ yes ☐ no
3. Have you come to Canada within the last five years? ☐ yes ☐ no
4. Have you ever been diagnosed with any trauma-related illness? ☐ yes ☐ no
5. Are you willing to share with me the psychological challenges that you experienced before and after migration in 1 to 2 audiotaped interviews of about 90 minutes each? ☐ yes ☐ no

If the interested person answers yes to the fourth question or, no to any of the four questions (1, 2, 3 or 5), I will thank him/ her for contacting me and clarify why I am unable to include him/ her in my research project. But if they meet the criteria, I will read the letter of invitation and check to see if he/she has any questions.

If the person decides to participate in this study, his/ her contact information will be gathered to arrange a time and place for the interview.

Name: _____

Phone number: _____

Appendix L: Consent Form (Iraqi Refugee Participants)

You are invited to participate in the project,

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Please read the following information carefully and feel free to ask any questions regarding your role, the procedure, or the goal of the study.

Researcher:

Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan.

Contact:

306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor:

Dr. Sadeq Rahimi, Dept. of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca

Objective:

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

Procedure:

Approximately 10 Iraqi refugees will be asked to take part in 1 to 2 audiotaped interviews of approximately 60-90 minutes each, which will take place at one of the University of Saskatchewan or at one of the settlement agencies meeting rooms at a time that is convenient. Participants will be invited to narrate their life story and answer open-ended questions to explain the challenges they have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and the effectiveness of the existing support services in corresponding to those challenges. You will also be invited to answer some demographic questions such as age, gender, occupation, and level of education. This information will be used during the data analysis and will be stored separately from the collected data to ensure your privacy. At the end of the second interview, you will be given an information sheet that further explains the nature of the study. After your interviews, and with your data being included in the final report, you will be given the opportunity to review

the transcripts of your interviews, and to add, alter, or delete any information from the transcripts as you see fit.

Potential Risks:

Some participants may experience emotional or psychological discomfort when sharing their life stories and might become upset. At the end of the first interview, you will be given a list of available community resources (e.g., counselling services) for addressing any distress you might experience. If you need additional help, please do not hesitate to contact me; I will make sure that you receive the proper support services if needed.

Potential Benefits:

Some participants may benefit from sharing their life story with the researcher. This research may be published and may add to our knowledge about the difficulties that refugees experience and the effectiveness of the support services available; the results of the study may also provide recommendations for further improving these services to serve refugees better.

Compensation will not be offered to participants.

Confidentiality:

Only the student researcher and the supervisor will have access to any of your identifying information; the graduate student researcher will be transcribing the audiotaped interviews.

The results from this research project will be published as a dissertation and in articles. Even though we will use direct quotations from the interviews, you will be given a pseudonym, and all identifying information (e.g., your name, contact information, etc.) will be removed from our report to insure that your identity is kept confidential. Your data, in the form of audio files and interview transcripts, will be kept completely confidential. However, since the Iraqi refugee community is relatively small in Saskatoon, anonymity cannot be guaranteed.

Storage of Data:

The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor in a secure and locked cabinet. Any identifying information (e.g., your name, contact information, consent forms, master list) will be stored separately from the data collected so that it will not be possible to associate names with any given data. The data will be stored for a minimum of five years after publication and will be destroyed beyond recovery when they are no longer needed.

Right to Withdraw:

Please note that your participation in this study is voluntary. If you decide not to participate, this will have no negative consequences for yourself or for the researcher. You may decline participation or withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.

You may answer only those questions that you are comfortable with. You may request that the audio recording device be turned off at any time. You may end the interview at any point. You do not need to provide a reason or explanation for declining to answer certain questions or for withdrawing from the study.

If you decide to withdraw, your data (if you choose) will be deleted from the research project and destroyed beyond recovery. Your right to withdraw data from the study will apply until you have signed your transcript release. After this date, some parts of the research might be distributed and it might not be possible to remove your data.

Questions or Concerns & Follow-up:

If you have any questions about the study or need more information, please feel free to ask at any point throughout your participation. If you wish to obtain findings from the study or have further questions, please contact the researcher or supervisor using the information on the first page.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015. Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, or ethics.office@usask.ca. Out of town participants may call toll free at 1-888-966-2975.

Consent:

Before the first interview I will obtain your written consent, and a verbal consent will be obtained at the second interview (if applicable). Your signature below indicates that you agree to participate and that you have read and understood the purpose of this research project.

I hereby certify that I have had an opportunity to ask questions and my questions have been answered. I understand that I may withdraw from participating in this study at anytime. I agree to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant

Signature

Researcher's Signature

Date

Appendix M: Consent Form (Settlement Worker Participants for Individual Interview)

You are invited to participate in the project,

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Please read the following information carefully and feel free to ask any questions regarding your role, the procedure, or the goal of the study.

Researcher:

Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan.

Contact:

306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor:

Dr. Sadeq Rahimi, Dept. of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca

Objective:

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

Procedure:

Approximately 10 Iraqi refugees will be asked to take part in 1 to 2 audiotaped interviews of approximately 60-90 minutes each, and will take place at one of the University of Saskatchewan or at one of the settlement agencies meeting rooms at a time that is convenient for them.

Participants will be invited to narrate their life story and answer open-ended questions to explain the challenges they have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and the effectiveness of the existing support services in corresponding to those challenges.

Another 10 settlement workers and 4 mental health care providers will be asked to take part in an audiotaped interview of approximately 45-60 minutes and 30-45 minutes, respectively, and answer open-ended questions about their experiences in dealing with refugees in general, and Iraqi refugees in particular, and their evaluation of the effectiveness of the existing support

services in meeting refugee psychological needs. Data will also be generated from the settlement workers through the use of a focus group. At the end of the interview, you will be given an information sheet that further explains the nature of the study. After your interview, and before the data is included in the final report, you will be given the opportunity to review the transcript of your own interview, and to add, alter, or delete any information from the transcript as you see fit.

Potential Risks:

The researcher does not anticipate any risks associated with the participation of this group in this research project.

Potential Benefits:

This research may be published and may add to our knowledge about the psychological difficulties that refugee might experience, and the effectiveness of existing support services. It may also provide recommendations for improving these services to serve refugees better.

Compensation will not be offered to participants.

Confidentiality:

Only the student researcher and the supervisor will have access to any of your identifying information and the student researcher will transcribe the audiotaped interviews.

The results from this research project will be published as a dissertation and in articles. Even though we will report direct quotations from the interviews, you will be given a pseudonym, and all identifying information (e.g., your name, contact information, etc.) will be removed from our report to insure that your identity is kept confidential. Your data, in the form of audio files and interview transcripts, will be kept completely confidential.

Storage of Data:

The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor in a secure and locked cabinet. Any identifying information (e.g., your name, contact information, consent forms, master list) will be stored separately from the data collected so that it will not be possible to associate names with any given data. The data will be stored for a minimum of five years after publication and will be destroyed beyond recovery when the data is no longer needed.

Right to Withdraw:

Please note that your participation in this study is voluntary. If you decide not to participate, this

will have no negative consequences for yourself or for the researcher. You may decline participation or withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.

You may answer only those questions that you are comfortable with. You may request that the audio recording device be turned off at any time. You may end the interview at any point. You do not need to provide a reason or explanation for declining to answer certain questions or withdraw from the study.

If you decide to withdraw, your data (if you choose) will be deleted from the research project and destroyed beyond recovery. Your right to withdraw data from the study will apply until you have signed your transcript release. After this date, some parts of the research might be distributed and it might not be possible to remove your data.

Questions or Concerns & Follow-up:

If you have any questions about the study or need more information, please feel free to ask at any point throughout your participation. If you wish to obtain findings from the study or you have any questions, please contact the researcher or supervisor using the information on the first page.

This project was approved on ethical grounds by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015. Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, or ethics.office@usask.ca. Out of town participants may call toll free at 1-888-966-2975.

Consent:

Before the first interview I will obtain your written consent, and a verbal consent will be obtained at the second interview (if applicable). Your signature below indicates that you agree to participate and that you have read and understood the purpose of this research project.

I hereby certify that I have had an opportunity to ask questions and my questions have been answered. I understand that I may withdraw from participating in this study at anytime. I agree to participate in the research project. A copy of this Consent Form has been given to me for my records.

| | | | |
|---------------------|-----------|------------------------|-------|
| _____ | _____ | _____ | _____ |
| Name of Participant | Signature | Researcher's Signature | Date |

Appendix N: Consent Form (Settlement Worker Participants for Focus Group Interview)

You are invited to participate in the project,

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Please read the following information carefully and feel free to ask any questions regarding your role, the procedure, or the goal of the study.

Researcher:

Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan.

Contact:

306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor:

Dr. Sadeq Rahimi, Dept. of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca

Objective:

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree the existing support services meet and correspond to those challenges.

Procedure:

Approximately 10 Iraqi refugees will be asked to take part in one to two audiotaped interviews of approximately 60-90 minutes each, and will take place at one of the University of Saskatchewan or one of the settlement agencies meeting rooms at a time that is convenient for them.

Participants will be invited to narrate their life story and answer open-ended questions to explain the challenges they have experienced in Iraq, during the transition period, after arriving to Canada, the role of forced displacement in the emergence of these challenges, and the effectiveness of the existing support services in corresponding to those challenges.

Another 10 settlement workers and four mental health care providers will be asked to take part in an audiotaped interview of approximately 45-60 minutes and 30-45 minutes, respectively, and answer open-ended questions about their experiences in dealing with refugees in general, and Iraqi refugees in particular, and their evaluation of the effectiveness of the

existing support services in meeting refugee psychological needs. Data will also be generated from the settlement workers through the use of a focus group.

At the end of the interview you will be given an information sheet that further explains the nature of the study.

Potential Risks:

The researcher does not anticipate any known risks associated with participation in this study.

Potential Benefits:

This research may be published and may contribute to our knowledge about the psychological difficulties that refugee might experience. The study may also provide information about the effectiveness of existing support services and provide recommendations to further improve these services to serve refugees better.

Compensation will not be offered to participants.

Confidentiality:

The data from this research project will be published as a dissertation, in articles, and presented at conferences; however, your identity will be kept confidential. Although we will report direct quotations from the interviews, you will be given a pseudonym, and all identifying information (e.g., your name, contact information, the name of your employer, your position, etc.) will be removed from our report.

The researcher will ask other participants to keep all information shared in this interview confidential and will ask all participants not to release any information shared during the interview and to respect the confidentiality of the interview. However, given the nature of the focus group, confidentiality cannot be guaranteed.

The researcher will make every effort to keep your data (in the form of audio files and interview transcripts) completely confidential. Only the student researcher and the supervisor will have access to any of your identifying information and the student researcher will transcribe the audiotaped interviews.

Storage of Data:

The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor in a secure and locked cabinet. Any identifying information (e.g., your name, contact information, consent forms, master list) will be stored separately from the data collected so that it will not be possible to associate names with any given data. The data will be stored for a

minimum of five years after publication and will be destroyed beyond recovery when the data is no longer needed.

Right to Withdraw:

Please note that your participation in this study is voluntary. If you decide not to participate, this will have no negative consequences for yourself or for the researcher. You may decline participation or withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.

You may answer only those questions that you are comfortable with. You may leave the focus group interview at any point. You do not need to provide a reason or explanation for declining to answer certain questions or withdrawing from the study.

Questions or Concerns & Follow-up:

If you have any questions about the study or need more information, please feel free to ask at any point throughout your participation. If you wish to obtain findings from the study or you have any questions, please contact the researcher or supervisor using the information on the first page.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on *Jan. 5th, 2015*. Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, or ethics.office@usask.ca. Out of town participants may call toll free at 1-888-966-2975.

Consent:

Before the first interview I will obtain your written consent, and a verbal consent will be obtained at the second interview (if applicable). Your signature below indicates that you agree to participate and that you have read and understood the purpose of this research project.

I hereby certify that I have had an opportunity to ask questions and my questions have been answered. I understand that I may withdraw from participating in this study at anytime. I agree to participate in the research project. A copy of this Consent Form has been given to me for my records.

| | | | |
|---------------------|-----------|------------------------|-------|
| _____ | _____ | _____ | _____ |
| Name of Participant | Signature | Researcher's Signature | Date |

Appendix O: Consent Form (Mental Health Care Providers)

You are invited to participate in the project,

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Please read the following information carefully and feel free to ask any questions regarding your role, the procedure, or the goal of the study.

Researcher:

Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan.

Contact:

306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor:

Dr. Sadeq Rahimi, Dept. of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca

Objective:

The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and to what degree does the existing support services meet and correspond to those challenges.

Procedures:

Approximately 10 Iraqi refugees will be asked to take part in 1 to 2 audiotaped interviews of approximately 60-90 minutes each, and will take place at one of the University of Saskatchewan or at one of the settlement agencies meeting rooms at a time that is convenient for them.

Participants will be invited to narrate their life story and answer open-ended questions to explain the challenges they have experienced in Iraq, during the transition period, after arriving in Canada, the role of forced displacement in the emergence of these challenges, and the effectiveness of the existing support services in corresponding to those challenges.

Another 10 settlement workers and 4 mental health care providers will be asked to take part in an audiotaped interview of approximately 45-60 minutes and 30-45 minutes, respectively, and answer open-ended questions about their experiences in dealing with refugees in general, and

Iraqi refugees in particular, and their evaluation of the effectiveness of the existing support services in meeting refugee psychological needs. Data will also be generated from the settlement workers through the use of a focus group.

At the end of the interview you will be given an information sheet that further explains the nature of the study. After your interview and before the data is included in the final report, you will be given the opportunity to review the transcript of your own interview, and to add, alter, or delete any information from the transcripts as you see fit.

Potential Risks:

The researcher does not anticipate any risks associated with participation in this study.

Potential Benefits:

This research may be published and may contribute to our knowledge about the psychological difficulties that refugee might experience. It may also provide information about the effectiveness of existing support services and give recommendations to further improve these services to serve refugees better.

Compensation will not be offered to participants.

Confidentiality:

Only the student researcher and the supervisor will have access to any of your identifying information and the student researcher will transcribe the audiotaped interviews.

The results from this research project will be published as a dissertation and in articles. Even though we will report direct quotations from the interviews, you will be given a pseudonym, and all identifying information (e.g., your name, contact information, etc.) will be removed from our report to insure that your identity is kept confidential. Your data, in the form of audio files and interview transcripts, will be kept completely confidential.

Storage of Data:

The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor in a secure and locked cabinet. Any identifying information (e.g., your name, contact information, consent forms, master list) will be stored separately from the data collected so that it will not be possible to associate names with any given data. The data will be stored for a minimum of five years after publication and will be destroyed beyond recovery when the data is no longer needed.

Right to Withdraw:

Please note that your participation in this study is voluntary. If you decide not to participate, this will have no negative consequences for yourself or for the researcher. You may decline participation or withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.

You may answer only those questions that you are comfortable with. You may request that the audio recording device be turned off at any time. You may end the interview at any point. You do not need to provide a reason or explanation for declining to answer certain questions or withdraw from the study.

If you decide to withdraw, your data (if you choose) will be deleted from the research project and destroyed beyond recovery. Your right to withdraw data from the study will apply until you have signed your transcript release. After this date, some parts of the research might be distributed and it might not be possible to remove your data.

Questions or Concerns & Follow-up:

If you have any questions about the study or need more information, please feel free to ask at any point throughout your participation. If you wish to obtain findings from the study or you have any question, please contact the researcher or supervisor using the information on the first page.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on *Jan. 5th, 2015*. Any questions regarding your rights as a participant may be addressed to the committee at 306-966-2084, or ethics.office@usask.ca. Out of town participants may call toll free at 1-888-966-2975.

Consent:

Before the first interview I will obtain your written consent, and a verbal consent will be obtained at the second interview (if applicable). Your signature below indicates that you agree to participate and that you have read and understood the purpose of this research project.

I hereby certify that I have had an opportunity to ask questions and my questions have been answered. I understand that I may withdraw from participating in this study at anytime. I agree to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant

Signature

Researcher's Signature

Date

Appendix P: Demographic Form (Refugee Participants)

Date _____ Participant number/pseudonym: _____

1. How did you hear about this study? ☐ Poster – Location: _____

☐ Other: _____

2. How old are you? _____ years

3. Gender: ☐ Female ☐ Male

4. Your level of education: _____

5. Current job: _____ Previous job: _____

6. Languages you speak: ☐ Arabic ☐ English ☐ Other: _____

7. Marital status: ☐ single ☐ married ☐ divorced/separated ☐ other _____

8. What country/countries have you lived in?

Born: _____

Grew up: _____

9. Do you have relatives who live in Saskatoon? ☐ No ☐ Yes

Number: _____ Relationship: _____

10. Do you have any relatives who live in Canada? ☐ No ☐ Yes

Number: _____ Relationship: _____

Appendix Q: Debriefing Form

Thank you for your participation in this study.

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Purpose: The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, and the role of forced displacement in the emergence of these challenges. Through a semi-structured interview, participants were asked to tell their life stories and to describe the effect of forced displacement on their lives. Also, they were asked to evaluate the appropriateness and effectiveness of the current support services. Settlement workers and mental health care providers were consulted to describe their experiences in dealing with refugees and to evaluate the appropriateness and effectiveness of the current support services in meeting refugee mental health needs. The results of this research may contribute to our knowledge on this topic and improve services available to refugees who have had similar experiences.

After your interview and before the data is incorporated into the final report, you will be given the opportunity to review the transcript of your interview(s) in order to add, alter, or delete information from the transcript as you see fit.

Questions & Results: If you have any questions about the study, or would like to obtain study findings, please feel free to contact the researcher or supervisor using the information below. This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on Jan. 5th, 2015.

Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, toll free at 1-888-966-2975, or ethics.office@usask.ca.

Researcher: Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan, 306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor: Dr. Sadeq Rahimi, Dept. of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca

Appendix R: Debriefing Form (for the settlement workers focus group)

Thank you for your participation in this study.

Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Purpose: The purpose of this study is to explore the challenges that adult Iraqi women and men who came to Canada as refugees have experienced in Iraq, during the transition period, after arriving in Canada, and the role of forced displacement in the emergence of these challenges. Adding to that, this research aims to explore the effectiveness of the existing support services in helping refugees to overcome these challenges. Through a semi-structured interview, participants were asked to tell their life stories and to describe the effect of forced displacement on their lives. Also, they were asked to evaluate the appropriateness and effectiveness of the current support services. Settlement workers and mental health care providers were consulted to describe their experiences in dealing with refugees and to evaluate the appropriateness and effectiveness of the current support services in meeting refugee mental health needs.

The results of this research may contribute to our knowledge on this topic and improve services available to refugees who have similar experiences.

Questions & Results: If you have any questions about the study, or would like to obtain study findings, please feel free to contact the researcher or supervisor using the information below.

This project was approved by the University of Saskatchewan Behavioral Research Ethics Board on *Jan. 5th, 2015*.

Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, toll free at 1-888-966-2975, or ethics.office@usask.ca.

Researcher: Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan, 306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor: Dr. Sadeq Rahimi, Dept. of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca

Appendix S: Community Resource List for Refugee Participants

Project: Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Support Services in Saskatoon.

Researcher: Somaya Al-Ja'afreh (PhD student), Dept. of Psychology, University of Saskatchewan, 306-966-5765 (the research supervisor's office number) or saa558@mail.usask.ca

Supervisor: Dr. Sadeq Rahimi, Department of Archeology & Anthropology, University of Saskatchewan, 306-966-5765, sadeq.rahimi@usask.ca.

The following resources are available in the Saskatoon community:

| |
|---|
| ❖ Community Adult Mental Health Services, Saskatoon Health Region Provide Individual and group counselling programs. <i>Phone: 306-655-4100</i> |
| ❖ Student Health and Counselling Services, University of Saskatchewan Counselling available to students who attend the University of Saskatchewan. Location: 3 rd floor of Place Riel at the Student Centre. <i>Phone: 306-966-4920</i> |
| ❖ Saskatoon Crises Intervention Services Counselling at #103-506 25 th St. E. <i>Phone: 306-933-6200 (24 hours)</i> |
| ❖ Mental Health and Addiction Services Level 1 Administration, Saskatoon City Hospital, 701 Queen Street <i>Phone: 306-655-7500</i> |
| ❖ Psychiatric Emergencies Royal University Hospital Emergency Room. <i>Phone: 306-655-1530</i> |
| ❖ Family Service Saskatoon 102-506 25 th St. E. <i>Phone: 306-244-0127</i> |
| ❖ Saskatoon Family Counselling Centre 603 3 rd Ave. N. <i>Phone: 306-652-3121</i> |
| ❖ Private Practitioners Please refer to the Saskatoon Yellow Pages under “ <i>Counseling</i> ” |

Appendix T: Transcript Release Form

Data/Transcript Release Study:

I, _____, certify that I have been offered the chance to review the transcript of my interview(s) in this study, and have been offered the chance to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript reflects what I said during my interview(s) with Somaya Al-Ja'afreh. Based on that, I authorize Somaya Al-Ja'afreh to use my transcript in the way described in the Consent Form. I have received a copy of this form for my own records.

| | | | |
|---------------------|-----------|------------------------|-------|
| _____ | _____ | _____ | _____ |
| Name of Participant | Signature | Researcher's signature | Date |

OR

I, _____, certify that I have been offered the chance to review the transcript of my interview(s) in this study, and have been offered the chance to add, alter, and delete information from the transcript as appropriate. I hereby DECLINE to review my transcript. I know that if I change my mind, I can request to review my transcript and change it as long as the data analysis phase hasn't been started. Based on that, I authorize Somaya Al-Ja'afreh to use my transcript in the way described in the Consent Form. I have received a copy of this form for my own records.

| | | | |
|---------------------|-----------|------------------------|-------|
| _____ | _____ | _____ | _____ |
| Name of Participant | Signature | Researcher's signature | Date |

Appendix U: Life History Interview Guide (Refugee Participants)

- a) Why you were interested in participating in this study?
- b) I'd like to start by asking you to tell me, in your own words, the story of your life. There's no right or wrong way to tell the story; just tell me in a way that's most comfortable for you.
 - Self
 - Growing up in Iraq
 - Family
 - Friends
- c) Tell me about your life in Iraq, your life in the transition country, and your life in Canada.

Appendix V: Semi-Structured Interview Guide (Refugee Participants)

Refugee experiences during the war

- a) Tell me about your experiences during the war.
- b) Tell me about the positive and negative memories from the war that you won't forget.
- c) How did you feel about these memories?
- d) How do you feel now about these memories?
- e) What are the challenges/difficulties that you experienced during that time?
- f) How did you deal with these challenges/difficulties?
- g) Where did you seek help to overcome these challenges/difficulties?
- h) What was the role of your family in facing these challenges/difficulties?
- i) What was the role of your community in facing these challenges/difficulties?
- j) What was the role of other people in helping you face these challenges?
- k) Do you think that you were successful in dealing with these challenges/difficulties?

Refugee experiences leaving home

- a) Tell me about your journey since you left your country; what has happened since then?
- b) What made you leave your country?
- c) Who helped you leave your country and seek refuge in another country?
- d) What are the memories (positive and negative) that you will not forget from this experience?
- e) What are the main challenges/difficulties that you faced during this journey?
- f) How did you deal with these challenges/difficulties?
- g) Where did you seek help to overcome these challenges/difficulties?
- h) What was the role of your family in facing these challenges/difficulties?
- i) What was the role of your community in facing these challenges/difficulties?
- j) What was the role of other people in helping you face these challenges?
- k) Do you think that you were successful in dealing with these challenges/difficulties?

Refugee experiences during their stay in the transition country

- a) What is it like to be a refugee?
- b) Tell me about your experiences in the transitory residence.
- c) What do you remember most about it?
- d) How did you feel about that?
- e) Who did you talk to about that?
- f) What did you like and dislike about your settling there?
- g) What were the main challenges/difficulties that you faced?
- h) How did you deal with these challenges/difficulties?
- i) What was the role of your family in facing these challenges/difficulties?
- j) What was the role of your community in facing these challenges/difficulties?
- k) What was the role of other people in helping you face these challenges?
- l) Do you think that you were successful in dealing with these challenges/difficulties?

Refugee experiences since arriving in Canada

- a) Tell me about your experiences since you arrived in Canada.

- b) What do you remember most about it?
- c) What do you like and dislike about being here?
- d) What was the most difficult part of the first few days after you arrived?
- e) What are the main challenges/difficulties that you have faced since you arrived in Canada?
- f) How did you deal with these challenges/difficulties?
- g) What was the role of your community in facing these challenges/difficulties?
- h) What was the role of other people in helping you face these challenges?

Current state -- where are you now?

- a) How do you think your previous experiences have affected your current life in general?
- b) How do your previous experiences relate to the difficulties you are facing now?
- c) How has being forced to leave your country affected your life in general?
- d) How does being forced to leave your country relate to the challenges you are facing now?
- e) How are you dealing with these challenges?
- f) Who have you talked to about these challenges?
- g) What is the role of your family in helping you face these challenges?
- h) What is the role of your community in facing these challenges/difficulties?
- i) What is the role of other people in helping you face these challenges?
- j) Do you think that you have been successful in dealing with these difficulties and overcoming them?
- k) In general, what is the first thing you usually do when you feel stressed out?
- l) Where do you seek help when you feel stressed out?
- m) To what degree are these resources useful?
- n) How do you envision your future?

Service experience feedback

Now I have a set of questions that I want to ask you regarding the services that you have received since you arrived in Canada.

- a) What are the main services that you received once you arrived in Canada?
- b) How have the settlement organizations served you since you arrived here?
- c) Has that met your expectations?
- d) Have the settlement agencies here in Saskatoon helped you overcome the challenges/difficulties that you described above?
- e) What is the most helpful service that you have received?
- f) What are the shortcomings of these services?
- g) How do you think that these organizations could serve you better?
- h) What factors might make you hesitant to contact the settlement agencies when you feel stressed out and need help?
- i) Do you know about different services that are available for refugees here in Saskatoon?
- j) If yes, who gave you the information about these services?
- k) Do you have any questions or comments you would like to add?

Appendix W: Semi-Structured Interview Guide (Settlement Workers)

Awareness of refugee special needs:

- a) What are some of the stressors and challenges that refugees have to deal with?
- b) Are any of these challenges special to refugees?
- c) Are there any specific challenges for Iraqi refugees?
- d) Do the challenges that you have described require special services for Iraqi refugees?

Refugee awareness of their own needs:

- a) The refugees that you have helped, did they come to this organization directly to ask for help or did another party refer them to you (e.g., school, family physician, other settlement worker, or Citizenship and Immigration Canada)?
- b) Do you think that they were aware of their challenges/difficulties?
- c) Did they accept your help and follow your recommendations?

Cultural competency:

- a) Tell me about some of the difficulties that you have when you are dealing with refugees in general.
- b) Tell me about some of the difficulties that you have when you are dealing with Iraqi refugees in particular.

Experience and training:

- a) Describe the training and education that you have specific to dealing with refugee issues and challenges.
- b) Do you think that you need any other training to be able to deal with refugee needs?
- c) If yes, what type of training do you think that you need to serve refugees better?
- d) What are your recommendations for improving your skills in dealing with refugees?
- e) How would you describe the knowledge and skills of your colleagues who work with refugees?
- f) Do you think that they have received adequate training?

Evaluating the existing services:

- a) In general, how would you evaluate the quality and quantity of the services that settlement agencies here in Saskatoon provide to refugees?
- b) What are the main services that your organization provides to refugees who have psychological needs?
- c) If you had the authority to make changes to the existing services, what is the main service that you would remove and the main service you would add to serve refugees better?
- d) What are your recommendations for improving the existing services?
- e) Are there any other comments or questions you have? Do you have anything else that we forgot to cover and you think is important?

Appendix X: Semi-Structured Interview Guide (Mental Health Care Providers)

Experience in dealing with refugee patients

- a) Have you dealt with any refugees in general? If not, why?
- b) If yes, have you dealt with any Iraqi refugees in particular? If not, why?
- c) If yes, can you please describe your experiences in dealing with them?
- d) Do you have any colleagues who have had the chance to work with refugees in general or Iraqi refugees in particular?
- e) If yes, tell me what you have heard from them about their experiences.

Awareness of refugee special needs

- a) What are some of the stressors and challenges that refugees have to deal with?
- b) Are any of these challenges special to refugees?
- c) Are there any specific challenges for Iraqi refugees?
- d) Do the challenges that you have described require special services for Iraqi refugees?

Refugee awareness of their own needs

- a) Did refugee patients come to you directly or were they referred to you by another organization (e.g., school, family physician, other settlement worker, or Citizenship and Immigration Canada)?
- b) Do you think that they were aware of their challenges/difficulties?
- c) Did they accept your help and follow your recommendations?

Cultural competency

- a) Were you comfortable dealing with the refugees who came to your clinic?
- b) Did you ever face any challenges in dealing with refugee patients?
- c) If yes, can you describe these challenges?
- d) When dealing with refugees, do you think that you, as a mental health care provider, need to use a different approach than you would normally use?
- e) If yes, why?

Experience and training

- a) Do you think that dealing with refugees requires special training?
- b) If yes, what type of training do you think that mental health care providers need to serve refugees better?
- c) In general, what are your recommendations for improving your skills in dealing with refugees?

Evaluating existing services:

- a) What kind of services do you think this group needs?
- b) Do you think that the existing services correspond to these needs?
- c) What are your recommendations for improving existing services?
- d) Are there any other resources that you can get support from if you have a problem dealing with refugees?
- e) Is there anything else you would like to mention that we haven't discussed?

Appendix Y: Focus Group Semi-Structured Interview Guide (for Settlement Workers)

Awareness of refugee special needs:

- a) What are some of the stressors and challenges that refugees have to deal with?
- b) Are there any specific challenges for Iraqi refugees?
- c) Do the challenges that you have described require special services for Iraqi refugees?

Cultural competency:

- a) Tell me about some of the difficulties that you have had when dealing with refugees in general.
- b) Tell me about some of the difficulties that you have had when dealing with Iraqi refugees in particular.

Evaluating existing services:

- a) In general, how would you evaluate the quality and quantity of the services that settlement agencies here in Saskatoon provide to refugees?
- b) What are the main services that your organization provides to refugees who have psychological needs?
- c) If you had the authority to make changes to the existing services, what is the main service that you would remove and the main service you would add to serve refugees better?
- d) What are your recommendations for improving existing services?
- e) Are there any other comments or questions you have? Do you have anything else that we forgot to cover and you think is important?

Appendix Z: Ethics Approval Certificate



UNIVERSITY OF
SASKATCHEWAN

Behavioural Research Ethics Board

Certificate of Approval

PRINCIPAL INVESTIGATOR
Sadeq Rahimi

DEPARTMENT
Archaeology & Anthropology

BEH#
14-416

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED
Saskatoon, Saskatchewan, Canada

STUDENT RESEARCHER(S)
Somaya Al-Ja'afreh

FUNDER(S)
UNFUNDED

TITLE
Minding the Iraqi Refugee: Psychological Challenges of Iraqi War Refugees and the Effectiveness of Existing Settlement Services in Saskatoon

ORIGINAL REVIEW
DATE

04-Dec-2014

APPROVAL ON

06-Jan-2015

APPROVAL OF:

Application for Behavioural Research Ethics Review
Recruitment letter (call to participate)
Letter of Invitation; Letter to Organizations
Telephone Screening Script
Consent Form
Questionnaire (Refugee Participants Demographic)
Interview Guide (Refugee Participants Life History)
Semi-Structured Guide
Transcript Release Form
Debriefing Form
Community Resource List for Refugee Participants

EXPIRY DATE

05-Jan-2016

Full Board Meeting ☐

Delegated Review ☒

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: http://www.usask.ca/research/ethics_review/

Vivian Ramsd en, Chair
University of Saskatchewan
Behavioural Research Ethics Board

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